

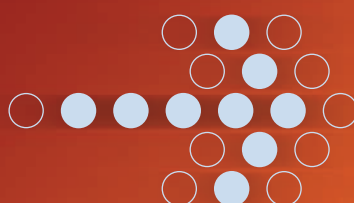
A key to the door

The Homeless Agency Partnership
Action Plan on Homelessness
in Dublin 2007–2010

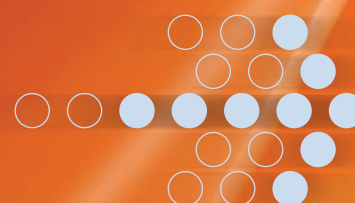
prevention



support



housing



**HOME
LESS**
agency

Vision

By 2010, long-term homelessness and the need for people to sleep rough will be eliminated in Dublin.

The risk of a person or family becoming homeless will be minimal due to effective preventative policies and services.

Where it does occur, homelessness will be short-term and all people who are homeless will be assisted into appropriate housing and the realisation of their full potential and rights.

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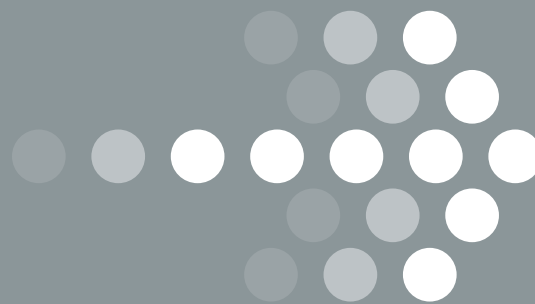
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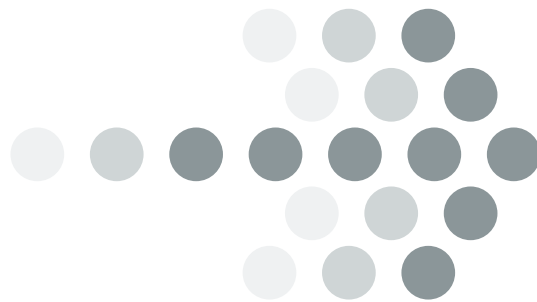
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Foreword

Kathleen Holohan

Chair of the Board of the Homeless Agency
Director of Housing Dún Laoghaire-Rathdown County Council

The level of homelessness experienced by people in Dublin has notably decreased since the beginning of the first Homeless Agency action plan six years ago. Since then a number of challenges have been overcome and a significant number of successes have been achieved. The new Action Plan 2007–2010 *A Key to the Door* aims to address homelessness over the next four years and will continue to build on the work of the previous two action plans in order to achieve the Homeless Agency vision of eliminating long-term homelessness and the need for anyone to sleep rough by 2010.

The homeless services sector has changed considerably since the first action plan in the quality and range of services provided for people who are homeless, resulting in a reduction in the number of people experiencing homelessness and rough sleeping. There has been continued progress and focus placed on supporting people to move out of homelessness with a further emphasis on seeking long-term outcomes and solutions for people. The effective partnership approach, which has developed between the voluntary and statutory agencies working with people who are homeless and the support provided to date by Government has been crucial in bringing about this change.

It is important that the success that has been achieved through implementation of the earlier action plans does not lead to a sense of complacency. There are many challenges facing us including areas where progress has not been achieved and also some emerging issues, which may hamper the achievement of the actions in this plan.

The significant commitment made by the Department of the Environment, Heritage and Local Government, the Health Service Executive and the four local authorities in Dublin, in terms of the allocation of resources and the development of policy must be continued. The commitment and work undertaken by the voluntary sector is also critical to the implementation of the action plan. It is imperative to continue this support to ensure that the key strategic aims of this action plan are met. The three main aims include; putting in place initiatives to prevent people from becoming homeless; ensuring that those people who do experience homelessness are given high quality support to address their

needs and to move them out of homelessness as soon as possible; and ensuring that there are appropriate housing options for people moving out of homelessness, including whatever specialist or mainstream support services they need to maintain their housing.

I would like to take this opportunity to acknowledge the support and cooperation of the Board and the Consultative Forum and to thank both the voluntary and statutory sectors for all their work over the term of the last two Homeless Agency action plans. Finally I would like to thank Dr. Derval Howley for her extraordinary dedication and commitment to the work of the Homeless Agency and for the support that she and her staff have given me in my role as Chair of the Board.



Acknowledgements

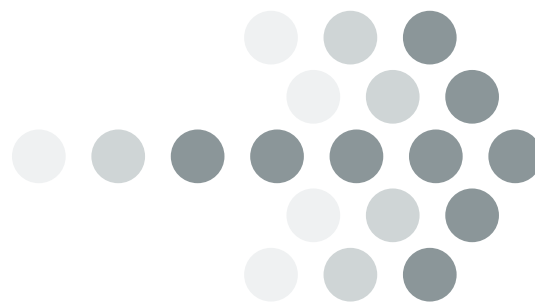
A Key to the Door is the result of a lengthy process involving the participation and consultation of a large number of individuals and organisations. The Homeless Agency would like to take this opportunity to acknowledge the generous and invaluable input of service users, voluntary and statutory service providers and agencies within the homeless services sector, who were involved in the consultative seminars, contributed written submissions and who discussed, debated and agreed the direction and content of the third Action Plan on homelessness for Dublin 2007–2010.

The Homeless Agency would also like to thank the organisations, outside of the homeless services sector, which made written submissions. Their fresh perspectives in the development of the Action Plan have been warmly received.

Thanks are also due to the members of the Homeless Agency Board and Consultative Forum, as well as the Homeless Agency staff, for their helpful comments, advice and input which have been instrumental in shaping the final version of the Action Plan.

Finally, the commitment of the steering group, convened by the Homeless Agency Partnership must be acknowledged, given the key role this group played in overseeing the wide-ranging consultation process as well as the structure, format and content of the next plan for Dublin. Their diligence and efforts contributed greatly to the direction of the plan and the members included Kathleen Holohan (Dún Laoghaire-Rathdown County Council), Frank Mills (Health Service Executive), Orla Barry (Focus Ireland), Pat Doherty (Depaul Trust), Vivian Geiran (Probation Service), Vincent Healy (Dublin City Council), Sr. Angela Burke (Vincentian Housing Partnership), Dermot Kavanagh (Merchants Quay Ireland), Dr Derval Howley (Homeless Agency), Josephine Ahern (Homeless Agency), Nathan O'Connor (Homeless Agency).

Simon Brooke coordinated the consultations with all stakeholders and facilitated the development of the Action Plan. Fran Cassidy coordinated the consultations with current and former service users, gaining their invaluable contribution to the direction of the Action Plan. Thanks to Patricia Bourke and Lyn Taylor for the Dublin area map. Thanks are also due to Lisa Kelleher and Sorcha Donohoe of the Homeless Agency who coordinated the publication and launch of the Action Plan.



Executive Summary

A Key to the Door is the Homeless Agency's third Action Plan. It follows *Shaping the Future* (2001–2003) and *Making it Home* (2004–2006). *A Key to the Door* will cover four years, 2007–2010, in order to bring the Agency to the completion of its ten-year vision.

A Key to the Door is the result of a wide-ranging and extensive consultation process and is an Action Plan for the whole Homeless Agency Partnership.

The homeless services sector has changed dramatically over the last six years and there have been marked improvements in the quality of services for people experiencing homelessness. Alongside improvements in quality, the sector has developed a stronger focus on supporting people to move out of homelessness. *A Key to the Door* will continue to build on the work of the last six years, with a further emphasis on seeking long-term outcomes and solutions, in order to achieve the vision of eliminating long-term homelessness and the need for anyone to sleep rough by 2010.

Ten core actions were identified as the most important steps to be taken to achieve the vision. These are supported by 74 additional actions that will improve quality and provide specific improvements in the sector. The detail of the core and additional actions is given in Sections 5, 6 and 7.

The Ten Core Actions Are:

- 1 Identify people and households at risk of homelessness and intervene appropriately with a co-ordinated multi-agency approach.
- 2 Ensure access to mainstream health services and other services for people and households at risk of homelessness.
- 3 Implement an information and awareness strategy.
- 4 Implement the Holistic Needs Assessment and the Care and Case Management approach across the homeless services sector.
- 5 Continue the localisation of mainstream and specialist homeless services.
- 6 Increase service user participation.
- 7 Local authorities and housing associations to provide social rented housing.
- 8 Identify and advocate for the removal of barriers preventing access to private rented accommodation.
- 9 Maximise housing provision for people and households through the Rental Accommodation Scheme.
- 10 Evaluate and review existing models of long-term housing supports and seek appropriate revenue funding streams for the implementation of best practice in this area for people who have been homeless.



Introduction

This is the third Action Plan on homelessness in Dublin generated through the Homeless Agency Partnership. Current Government policy, outlined in *Homelessness – An Integrated Strategy*, requires every local authority to agree an Action Plan, in partnership with the Health Service Executive and relevant voluntary and statutory organisations in their area. This plan for the whole Dublin area is the plan for Dublin City Council, Dún Laoghaire-Rathdown County Council, Fingal County Council and South Dublin County Council. The previous plans, *Shaping the Future* and *Making it Home*, were three-year plans. It was agreed that *A Key to the Door* would cover the remaining four years of the Homeless Agency's planned ten-year existence.

The Dublin Action Plan is not just written in partnership between the four Dublin local authorities and other bodies, it is the result of an ongoing partnership between the voluntary and statutory sector, working together to change the way homelessness is tackled in Dublin with the real objective of eliminating long-term homelessness and the need for anyone to sleep rough.

This four-year Action Plan has three main aims: putting in place initiatives to prevent people from becoming homeless; ensuring that those people who do experience homelessness are given high quality support to address their needs and to move them out of homelessness as soon as possible; and ensuring that there are appropriate housing options for people moving out of homelessness, including whatever specialist or mainstream support services they need to maintain their housing.

This third Action Plan to address homelessness in Dublin therefore re-emphasises the commitment of the Homeless Agency Partnership to preventing and solving homelessness. While much has been achieved under the life of the two previous Action Plans, in terms of the range and quality of homeless services now available for individuals and families, there are remaining challenges. However, the work of *A Key to the Door* is to build upon the safety net created by these services and to change the emphasis from providing services to people who are homeless to moving people out of homelessness and into long-term housing, with whatever supports they require to maintain their homes.

Process

The process for developing *A Key to the Door* for Dublin has been comprehensive and inclusive. The steering group convened to oversee the process included senior representatives from key statutory and voluntary sector agencies in Dublin providing services in the area of homelessness and social inclusion.

The process also included wide-ranging consultation with stakeholders, including consultation with current and former service users as well as four open consultation days held by the Homeless Agency, which were independently facilitated. A public call was made for written submissions to comment on the previous plan and to develop this plan was also included. The list of written submissions received is included in Appendix 3.

In addition, the planning process included consultations with the Government's Cross Departmental Team on Homelessness, the four Dublin local authority Directors of Housing and/or Assistant City Managers, the local authority strategic policy committees, the Dublin City Development Board, the Health Service Executive's Assistant National Director (Social Inclusion), Assistant National Director (Mental Health) and Manager National Drugs Strategy, the eight local area homeless forums established in Dublin (as provided for under the Government's integrated strategy), the Homeless Network (voluntary sector), the Irish Council of Social Housing, as well as the Homeless Agency Networks established as part of its participation structures.

This consultation process has been vital in ensuring that the balance between preventative and long-term solutions to homelessness is achievable and that all partners to the Homeless Agency arrangements have signed up to the vision and strategic aims set out in this plan.

Document Structure

A Key to the Door is divided into eleven sections. Section 1 provides a general background to homelessness in Dublin. It discusses the number and profile of people experiencing homelessness as well as the differing extent of their homelessness. This section gives an overview of the range of services and projects funded to combat homelessness and outlines the remaining challenges and barriers to the provision of a comprehensive response to this complex issue.

Section 2 describes the purpose and structure of the Homeless Agency Partnership and explains the functions of the director and staff of the Agency. Section 3 describes the vision for 2010 that the Homeless Agency Partnership is working towards. This vision is explained in terms of the shared values of the partners and the assumptions that underlie the vision. Section 4 examines the Homeless Agency's progress to date, in particular over the lifespan of *Making it Home* (Action Plan 2004–2006).

Section 5 centres on the strategic aim to prevent homelessness and details the actions required to establish a comprehensive, robust and systematic approach to prevention. Section 6 details the actions to achieve the strategic aim of delivering quality, effective services at a local level. Section 7 details the actions to achieve the strategic aim of providing long-term housing or other appropriate accommodation for people experiencing homelessness, as well as the supports that may be required for people to sustain their homes.

Section 8 sets out the key considerations for funding bodies in relation to achieving the plan over the next four years as well as an overview of the 2006 budget. Section 9 summarises the commitments of each of the four Dublin local authorities and the Health Service Executive. Section 10 gives more detail about the role of the Homeless Agency staff and the business plan of the Agency for supporting the work of the partnership.

Section 11 explains in more detail the key performance indicators that will be used to gauge progress towards achieving the vision.

Appendix 1 lists the members of the Homeless Agency Board, Consultative Forum and staff of the Homeless Agency. Appendix 2 gives the membership of the Homeless Network. Appendix 3 lists the written submissions that were received as part of the consultation process that preceded the writing of the plan.

Appendix 4 is a table of the timelines for the completion of the 10 core and 74 additional actions.



Homelessness in Dublin – Context and Overview

Introduction

This section of the Action Plan provides a further overview of the context in which the work of the Homeless Agency Partnership takes place. It provides a more in-depth examination of the policy and legislative context and examines the current extent of homelessness in Dublin, our understanding of what it means to be homeless and of the causes and responses to homelessness. It also provides an overview of the specialist homeless services available for people who experience homelessness and identifies the remaining challenges and barriers to effective service provision and pathways out of homelessness.

Policy and Legislation

There are several key pieces of legislation that underpin the Irish state's response to homelessness: the Health Act 1953, the Housing Act 1988 and the Childcare Acts 1991 and 1995. These pieces of legislation divide responsibility between the health services and local authorities in the provision of shelter, support and housing for people who experience homelessness. The key statutory partners in the Homeless Agency Partnership are the Health Service Executive and the four Dublin local authorities.

Various other pieces of legislation are highly relevant to the operation of homeless services today, including: the Health Act 2004 (which sets out the provisions under which Irish citizens and residents are able to access healthcare services in Ireland), the Mental Health Act 2001 and the Misuse of Drugs Act 1984.

It is important to highlight the fact that for many people who experience homelessness, health and other support issues may have either contributed to or exacerbated their homelessness and the solution to their situation is not only housing, but also the appropriate short-term intervention and long-term support to ensure they can maintain their homes into the future.

As well as legislation, the latest Government strategy on homelessness dates from 2000 (*Homelessness – an integrated strategy*). This strategy was reinforced by the *Youth Homeless Strategy* in 2001 and the *Homeless Preventative Strategy* in 2002. A review of the Government's homeless strategies in 2005 recommended that a revised national strategy must take a holistic approach, continuing to include both preventative and integrated approaches to service development and delivery across Ireland. The development of the new strategy is to be guided by a National Homeless Consultative Committee to be convened by the Government.

A key recent initiative in health policy is the rolling out of community primary care teams, which should have a significant impact on the delivery of services to people at risk of homelessness or experiencing homelessness, as well as those settling out of homelessness. Mental health policy is detailed in *A Vision for Change* while a key policy document on the misuse of drugs is the *National Drugs Strategy 2001–2008*. An important study into the profile of homeless drug misusers is *Drug Use Among the Homeless Population in Ireland* (National Advisory Committee on Drugs (NACD), 2005).

On a broader national level, the work of the Homeless Agency takes place within the context of the National Development Plan 2007–2013 and the partnership agreement *Towards 2016*, which set the framework and strategy for development of a dynamic national economy, arising from consultation between the Government, social partners to the plan and regional interests. The plan envisages that Ireland will remain globally competitive and that economic success will be shared throughout society. This of course implies that those at the very margins of social and economic success are brought along as well. Given that homelessness is a key indicator of the health or otherwise of a nation, it is imperative that people in isolated and vulnerable circumstances are able to access services and housing as and when required, in order that their experience of homelessness is short-term. It will also be important to ensure that any gains made in tackling homelessness are maintained in the event of any economic downturn.

Targets for the provision of social housing by the four Dublin local authorities and voluntary housing associations are set out in the local authorities' Social and Affordable Housing Action Plans. The current plans run from 2004–2008 and the mid-term review of these plans is underway. It is anticipated that the next set of plans will cover the period 2009–2012.

The work of the Homeless Agency Partnership is also influenced by policies across many domains, including (non-exhaustively): Children First guidelines (which provide the legal context in which it is possible to work with children of families who are homeless), equality and anti-discrimination policy, the work of the Combat Poverty Agency, etc. In addition, the sector is working to ensure that the Garda Vetting Unit in Ireland has the capacity to provide for vetting of all staff and volunteers working in homeless services with vulnerable adults.

Responses to homelessness are also being developed on a European level. A European association of homeless services (FEANTSA) has developed work on a common typology of homelessness called ETHOS and facilitates the sharing of experience between different European states. Collaboration on a European level will continue to be important, not least in the context of changing social and economic profiles with immigration to Ireland, including from the EU states.

The sector has also adopted a framework of professional service provision, *Putting People First*, which sets out high standards of service quality. The Competency Framework is a recent initiative for the sector, which has been developed to assist homeless services to ensure that staff employed to work with vulnerable people have the capacity and skills necessary to do so.

In addition to the considerations outlined above, the work of homeless service providers also requires compliance with health and safety legislation, the Companies Act and various other relevant pieces of legislation concerning employment law.

The Extent of Homelessness in Dublin

The number of people experiencing homelessness is constantly changing and there is no perfect method for knowing how many people are in need of assistance. Nevertheless, the Homeless Agency Partnership has continued to develop and refine various methods of determining the number of people and households experiencing homelessness, as well as improved information on the range of their support needs. The key methods are a periodic survey of the number of households experiencing homelessness, reports on the number of people presenting as homeless to the Homeless Persons Unit in Dublin, information sharing by homeless services through Dublin LINK and (from 2007) the health and other support needs of homeless households will be made clearer through a Holistic Needs Assessment being rolled out for use across the sector. The sharing of medical information across the new primary health care teams will be facilitated by a health IT system.

In the last week of March 2005, the third periodic assessment of homelessness ('Counted In' survey) was conducted across the sector, following on from similar surveys in 1999 and 2002. The survey method used has been developed through partnership with statutory and voluntary sector agencies and it takes place within the broader context of the Department of Environment, Heritage and Local Government assessment of housing need, which is also conducted every three years. The findings from *Counted In, 2005* provide a basis from which we can understand and respond to the changing trends in the number and profile of people experiencing homelessness.

Counted In, 2005 showed that 1,361 households (representing 2,015 people) reported to being homeless in March 2005. In addition, 346 households were accommodated in transitional programmes. These households, which included single people and families, were mostly surveyed through street outreach teams, the Dublin City Council Homeless Night Bus, emergency accommodation, food centres and day centres, and also included people on the four Dublin local authorities' homeless lists. This represents a 19% decrease on the 2002 figure, which is in line with a decrease of 22% in the number of cases presenting as homeless to the Homeless Persons Unit in Dublin within the period 2002 to 2005. The Homeless Persons Unit accepted 1,546 households as homeless over the course of 2006. This represents a further decrease.

One part of the Homeless Agency Partnership vision commits to the elimination of long-term homelessness, that is homelessness lasting for more than six months except where someone enters a transitional programme which may be of a 6 month to 2 year duration. *Counted In, 2005* found that 77% of households reported being homeless for six months or more, with significant numbers reporting that they were homeless for over three years.

Counted In, 2005 showed a decrease in the number of people who reported sleeping rough, from 275 in 1999 to 185 in 2005 (a decrease of 33%). This information was returned mainly from street outreach teams and food and day services that rough sleepers have been in contact with. While there is still much to be done, it does indicate that the investment by Government in services such as street outreach, food and day centres and the Dublin City Council Homeless Night Bus, is moving the homeless sector closer to ensuring that no-one needs to sleep rough.

There is no doubt that the 2005 figures show a significant decrease in the number of households experiencing homelessness, however this is not to underestimate the challenge of achieving the Homeless Agency Partnership vision of eliminating long-term homelessness and the need for anyone to sleep rough. In particular, the research has confirmed the predominance of single person households, who have been traditionally less well catered for in social housing provision and for whom, quality accommodation in the private rented sector can be difficult to access and has an inherent risk due to the lack of security of tenure.

Understanding Homelessness

Homelessness is a complex social problem. The most fundamental need of people experiencing homelessness is appropriate long-term housing. However, alongside the need for housing (and possibly a cause of that need) many people experiencing homelessness have health, mental health, addiction or other support needs that must be addressed in order for them to be able to maintain long-term housing. These support needs may require intensive short-term assistance or they may require long-term support at the same time as long-term housing.

The Homeless Agency Partnership approach is summarised in the following diagram. Everyone presenting as homeless should be firstly assessed to determine what his/her needs are. Then housing should be provided, simultaneously with whatever interventions and supports are needed to help him/her maintain a home.

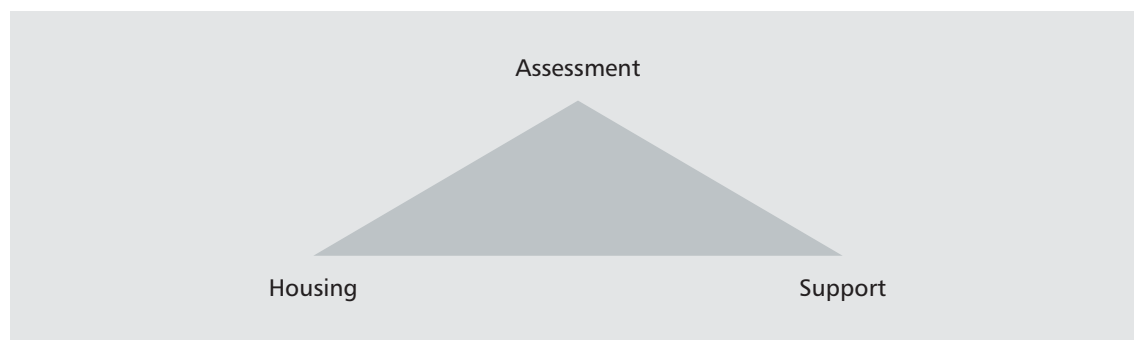


Diagram: Assessment first, followed by housing and supports

The causes of homelessness and the reasons why people remain homeless or continually return to homelessness are reasonably well understood. It is important to acknowledge that poverty – usually characterised by a lack of money or a limited income as well as standards of living well below the average¹ – is a central and over-riding factor, which becomes sufficient to cause homelessness when it is triggered by relationship breakdowns, drug or alcohol dependency or other crisis events.

¹ Combat Poverty Agency, (2006) www.combatpoverty.ie

The Homeless Agency Partnership is also monitoring emerging trends in homelessness, where a small proportion of immigrants to Ireland (workers or asylum seekers) have become homeless. The impact of immigration will continue to be monitored in order that any potential impact (e.g. language barriers) on the provision of homeless services is understood and provided for. The Homeless Agency carried out some preliminary research in this area in 2005 and the report, *Away From Home and Homeless*, sets out useful data in relation to the numbers and profile of EU10 nationals using homeless services during the period in which the research was undertaken. This area was further examined in a joint initiative between the Homeless Agency, Merchants Quay Ireland and the Health Service Executive in late 2006, with a follow-up survey of homeless services including food and day centres, emergency accommodation and street outreach.

ETHOS – European Typology on Homelessness and Housing Exclusion

The European association of homeless services has agreed a useful typology to understand issues of housing exclusion and risk of homelessness. Not everyone in all of these categories is legally defined as homeless under the Housing Act 1988, but the wider typology is used by the Homeless Agency Partnership to ensure awareness of groups that may be at serious risk of homelessness.

| Conceptual Category | Operational Category | Generic Definition |
|---------------------|---|--|
| ROOFLESS | 1 People living rough | 1.1 Rough sleeping (no access to 24-hour accommodation) / No abode |
| | 2 People staying in a night shelter | 2.1 Overnight shelter |
| HOUSELESS | 3 People in accommodation for the homeless | 3.1 Homeless hostel 3.2 Temporary accommodation |
| | 4 People in women's shelters | 4.1 Women's shelter accommodation |
| | 5 People in accommodation for immigrants | 5.1 Temporary accommodation/ reception centres (asylum) 5.2 Migrant workers accommodation |
| | 6 People due to be released from institutions | 6.1 Penal institutions 6.2 Medical institutions |
| | 7 People receiving support (due to homelessness) | 7.1 Residential care for homeless people 7.2 Supported accommodation 7.3 Transitional accommodation with support 7.4 Accommodation with support |
| | 8 People living in insecure accommodation | 8.1 Temporarily with family/friends 8.2 No legal (sub)tenancy 8.3 Illegal occupation of building 8.4 Illegal occupation of land |
| | 9 People living under threat of eviction | 9.1 Legal orders enforced (rented) 9.2 Re-possession orders (owned) |
| INSECURE | 10 People living under threat of violence | 10.1 Police recorded incidents of domestic violence |
| | 11 People living in temporary/ non-standard structures | 11.1 Mobile home/caravan 11.2 Non-standard building 11.3 Temporary structure |
| | 12 People living in unfit housing | 12.1 Unfit for habitations (under national legislation; occupied) |
| INADEQUATE | 13 People living in extreme overcrowding | 13.1 Highest national norm of overcrowding |

(Source: www.feansta.org)

Available Services and Responses for People Who Are Experiencing Homelessness

This Action Plan seeks to balance a focus on specialist homeless responses with an emphasis on ensuring access to mainstream services to people at risk or experiencing homelessness. With regard to the first aspect, the review of the Government's integrated and preventative strategies in 2005/2006 found that expenditure on homelessness nationally, both current and capital, has increased significantly since implementation of the integrated strategy in 2000 (from €33.0 million in 2000 to €81.2 million in 2005). This funding is drawn from allocations from the Department of the Environment, Heritage and Local Government (DOEHLG), the four local authorities in Dublin and the Health Service Executive (HSE) in place of the Department of Health and Children.

A review of public expenditure on homeless services within the Dublin context alone shows that the budget in 2006 was €56.0m in total, including an allocation of €40.2m through the Homeless Agency arrangements to fund services, including: advice and information; street outreach; Dublin City Council Homeless Night Bus; food and day centres; emergency accommodation and transitional programmes; long-term housing and detox and rehabilitation services.

The funding from the DOEHLG and the four Dublin local authorities provides for the operating costs of each service and project, while the funding from the HSE provides for targeted healthcare and support workers. The additional elements of the budget covers expenditure relevant to placing individuals and families in alternative temporary accommodation outside of those managed by voluntary sector organisations on behalf of the Government, as well as operational costs for specialist services such as the Homeless Persons Unit (HPU), specialist dentist service, multi-disciplinary care and outreach teams.

In addition to the provision of healthcare within homeless services and projects, the Government also funds additional mainstream services that are important for meeting the needs of people experiencing homelessness including access to primary healthcare, mental healthcare, addiction services, needle exchanges and methadone clinics.

While recognising the monetary costs of specialist services, it is important to recognise both the revenue and social savings that these services provide and that would be provided by the elimination of long-term homelessness. As it stands, homelessness costs the state through emergency accommodation, improper use of Accident and Emergency, the inappropriate use of hospital beds where patients have no where else to go, increased costs to prisons, the justice system and to addiction services, where criminality and addiction problems are exacerbated by prolonged homelessness. These costs have not been quantified in the Irish case and there are difficulties in doing so, although some comparison can be made with studies in the UK. Some recent, more general studies in Ireland provide evidence that investment in specialist service provide long-term financial and social benefits, e.g. recent studies are beginning to show the beneficial outcomes of drug treatment. At any rate, the hidden costs of homelessness must be counted in the tens of millions of Euro annually. There is no doubt that resources invested in preventing homelessness and providing long-term housing with supports will be more cost-effective than the current system where people remain for months and years in 'emergency' accommodation because of a lack of options to facilitate their movement to housing with access to appropriate supports. Moreover, investments made in care services will pay dividends in long-term social benefits.

Remaining Barriers and Challenges

The most persistent and challenging barriers remaining for people who experience homelessness in Dublin are access to mainstream housing and healthcare. The Homeless Agency's vision is clearly underpinned by the assumption that without equitable access to appropriate housing and healthcare, it will not be possible to prevent further instances of homelessness and to maintain people in their homes.

It is also imperative that a common needs assessment tool and the Care and Case Management approach is implemented across the range of statutory and voluntary services available, to ensure a coordinated response to the complex and challenging needs of those who present as homeless. The ongoing commitment to partnership, within and between the statutory and voluntary sectors, is also critical in ensuring that protocols and practices are implemented that prevent people from 'falling through the net' and becoming homeless, particularly in relation to individuals who are admitted to, or who leave state care and institutions such as residential child care, hospitals, psychiatric hospitals, prisons and direct service provision (asylum seekers). While this work has commenced under the first two Action Plans for Dublin, this area continues to represent a key element of *A Key to the Door*.

The provision of long-term housing with appropriate supports is a core action in this plan. The Homeless Agency seeks the provision of such housing either through social rented housing provided by the local authorities and/or housing associations, or through increased access for homeless households to the private rented sector, which in the longer term should include an increased number of tenancies created under the provisions of the Government's Rental Accommodation Scheme (RAS). Three RAS pilot schemes are currently being developed. However, the goal is to have mainstream access to RAS by homeless households as soon as possible.

With regard to the wider context of social housing, the Homeless Agency welcomes the Government's commitment, as part of the new national agreement, *Towards 2016*, to the recommendations of the recent report of the National Economic Social Council (NESC) on Housing Performance and Policy in Ireland, whereby the Council calls for:

'...an expanded and more flexible stock of housing available at a social rent to ensure an adequate safety net for vulnerable adults;' and 'Provision of adequate resources for social and affordable housing.'

As part of *Towards 2016*, the Government has accepted the NESC recommendation that an additional 73,000 social housing units be provided nationally between 2005 and 2012 to meet social need. While it must be recognised that each local authority Housing Action Plan is based on estimates of local need and what can be delivered through local resources, the Homeless Agency expects that, on a national level, the provision of housing will be guided by the NESC projections and, in the context of Dublin, that the needs of people who experience homelessness are prioritised in order that those who have been long-term homeless are re-housed effectively and appropriately. In addition, it is a priority that newly homeless households are quickly assessed, so that households with low support needs can have support to return home, access to rental deposits and/or other housing options within the first four weeks of having been homeless, in order to ensure that the numbers of people who experience homelessness for long periods of time does not increase.

The remaining challenges and barriers in terms of healthcare continue to be access to mainstream primary, mental health and addiction services in addition to meeting the needs of individuals with challenging behaviours, learning disabilities, personality disorders and those with dual diagnosis who currently fall outside the boundaries of traditional psychiatric and addiction services. While the reconfiguration towards the provision of healthcare on a multi-disciplinary and primary healthcare basis currently underway within the HSE is a move in the right direction, it is imperative that society's most vulnerable groups, such as people experiencing homelessness, are well and truly accounted for in any future service developments, including those related to community-based services in mental healthcare and drug and alcohol addictions.

The Health Service Executive's plan for community-based primary care teams and networks is an essential element in ensuring that people at risk of homelessness can have their needs addressed quickly and effectively, at a local level, to prevent them from becoming homeless. In this regard, access to appropriate, responsive and person-centred mental health and addiction services is also critical. The Mental Health Act 2001 and *A Vision for Change* provide a new direction as well as opportunities for the more effective and humane delivery of Ireland's mental health services which, up until recently, have been provided on the basis of a model set out in the 1984 policy, *Planning for the Future*, and within the legislative framework of the Mental Treatment Act 1945.

Consultation with Service Users

As part of the development of this Action Plan, consultations took place with current service users and people who have used homeless services in the past. The consultations took place in twelve homeless services, including emergency accommodation, transitional housing and day centres. People were also interviewed in long-term housing and on the streets. A total of 105 men, women and children were interviewed, mainly in groups. Their views were sought on the following issues:

- Reasons for becoming homeless
- What might have prevented their homelessness from occurring
- Comments on existing homeless and housing services

Not all individuals expressed opinions on all of the above and some people's comments were contradicted by other service users.

Reasons for Becoming Homeless

The principle immediate causes identified were family breakdown, alcohol, heroin and mental health problems.

What Might Have Prevented their Homelessness Occurring

Most of the interviewees said that there was little or nothing that could have been done to prevent them becoming homeless. The interviewer was surprised at this and suggested that it might be a reflection of the state of mind of people who are currently homeless and who may be focusing all their attention on their present circumstances rather than hypothetical past alternatives.

Comments on Existing Homeless and Housing Services

- A number of people felt that some services treat people really well – with respect and without judging them – and give proper support. These services give people the impression that the service workers are not simply caring about them because they are being paid to do so and that they have faith in service users. However other people felt that staff in some services can be patronising and rude, and that some services do not treat residents with respect.
- The people interviewed had very positive views about community settlement, whether provided by voluntary bodies or local authorities. It was highlighted that community settlement is essential to help some people stay in private rented accommodation.
- Service users had very positive experiences of the Dublin City Council Homeless Night Bus service, although some of them said that long waits for the bus service could be very frustrating.
- The importance of emergency accommodation being accessible 24 hours a day was emphasised.
- Private emergency accommodation (B&Bs) were described as better than hostels because of more privacy, but it was stressed that B&Bs are not the answer and they are often a place where people get dumped. It was felt that some B&Bs are full of drug users so that it is really difficult to stay off drugs if accommodated there.
- A shortage of treatment/detox beds was highlighted as well as the impossibility of giving up drink or drugs while on the streets. The importance of appropriate housing or accommodation for people who have been through detox was raised. It was stressed that if someone has to go into a hostel after treatment there is a much greater chance that he/she will start using again.
- Some service users highlighted big gaps in rehabilitation services and the importance of help to reintegrate ex-drug users.
- There was a repeated call for ‘dry’ hostels for people trying to stay off drink or drugs, as well as a repeated call for ‘wet’ hostels for people who cannot or are not ready to stay off drink or drugs.
- It was noted that transitional housing is of particular value to people who are recently out of treatment or long term homeless. However, it was also felt that people should be able to move straight into their own accommodation and not waste time in transitional housing.

- Some people raised the issue of having to give landlords money in hand, on top of the rent supplement. This left them with very little money left over. Loneliness in private rented accommodation was raised as an issue, along with the importance of being occupied during the day.
- It was stressed that local authority housing waiting lists are too long.
- A 'huge need' for houses or accommodation for people coming out of prison was highlighted, as well as a need for more accommodation for lone parents.



The Homeless Agency Partnership

The Context

In May 2000, the Irish Government committed to tackling homelessness through the launch of *Homelessness – An Integrated Strategy*. This comprehensive strategy, which aimed to address the range of issues that impact on homelessness nationally, was prepared under the aegis of the Cross Departmental Team on Homelessness, working closely with the Department of the Environment, Heritage and Local Government (DOEHLG). Following on from this, the *Homeless Preventative Strategy* was launched in February 2002 to ensure that preventative initiatives were agreed and implemented, to target at risk groups leaving institutional care (whether custodial or health related).

Each Government department with responsibilities under these strategies was then brought together as part of an overall approach to coordinate services through the Cross Departmental Team on Homelessness, chaired by the DOEHLG, and including the Department of Health and Children (DOHC) and the Health Service Executive (HSE). As a part of this, 34 local homeless forums, as well as Action Plans to address homelessness were established across the 5 city councils and 29 county councils in Ireland, including the four local authorities in Dublin. The Dublin City homeless forum was sub-divided into five forums for each of its functional areas. The Homeless Agency was established in Dublin in response to the higher levels of homelessness experienced in the city than elsewhere in Ireland at that time. In 2005, the DOEHLG commissioned a review of both strategies and the findings of the report (*Review of Implementation of Homeless Strategies*) are being considered in relation to developing the new national strategy on homelessness.

Homeless Agency Partnership

The Homeless Agency Partnership, established in 2001, following on from the former Homeless Initiative, established in 1996, includes statutory and voluntary sector agencies responsible for developing and delivering services for people who experience homelessness.

Its work takes place within the context of agreed plans and its vision to eliminate long term homelessness and the need for people to sleep rough. The Homeless Agency is a partnership arrangement funded by the DOEHLG through the four Dublin local authorities, and by the HSE areas that overlap with these four local authority areas.

Partnership Structure 1 – Strategy and Planning

Government (Integrated Strategy)

Cabinet Sub-Committee on Social Inclusion
Cross Departmental Team on Homelessness



Homeless Agency Partnership (Action Plan for the Dublin Area)

Homeless Agency Partnership (see Partnership Structure 2)



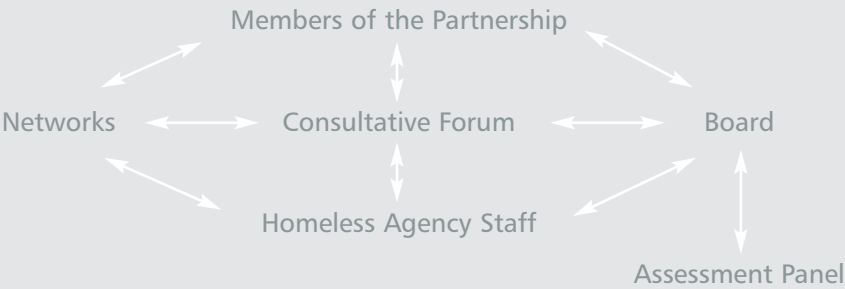
Local Area Homeless Forums (Implementation Plans)

Dublin City (Central)
Dublin City (North Central)
Dublin City (North West)
Dublin City (South Central)
Dublin City (South East)
Dún Laoghaire-Rathdown
Fingal
South Dublin

The purpose of the partnership is to ensure a coordinated response to addressing homelessness effectively. The partnership is achieved through the Homeless Agency structures and through the implementation of agreed plans. This four-year plan has moved the emphasis from ‘managing’ homelessness to ‘ending’ it and each organisation involved in the partnership has signed up to the vision, strategic aims and actions set out in the plan for the period, 2007–2010.

Partnership Structure 2 – Participation

Adapted from Courtney (2005) Review of Participation Structures



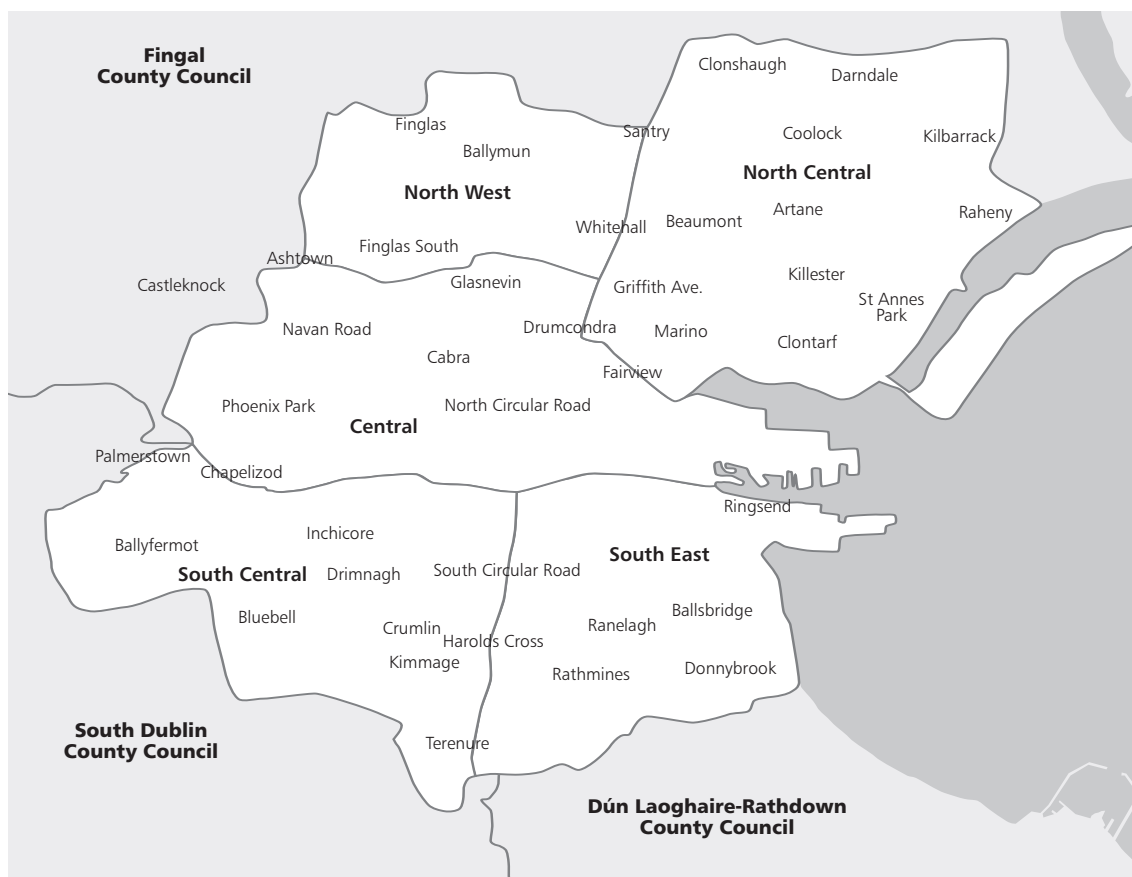
Local Area Forums

A key part of the Action Plan 2007–2010, established under the two former Action Plans, is the local area homeless forums as provided for under the Government's integrated strategy. In Dublin there are eight such forums, including one in each local authority area outside of the city centre (Dún Laoghaire-Rathdown, Fingal and South Dublin), and five in the functional areas of the Dublin City Council (Central, North Central, North West, South Central and South East). The work of the forums is to develop and put into operation local area implementation plans, in consultation with the four Dublin local authorities, the Health Service Executive and the voluntary sector, based on the Homeless Agency Partnership Action Plan.



The eight local areas (each of which has a local Homeless Forum) in Dublin

The local area plans will be based on the principle of partnership between statutory and voluntary service providers and they will include agreed actions and timelines for the development and delivery of services in each area as well as provision for review of the work of the forums and their terms of reference. Each forum feeds into the Homeless Agency Partnership through reports to the Consultative Forum by the local authority homeless coordinators (who chair the forums).



Detail of the five Dublin City local areas

The partnership and participation structures put in place by the Homeless Agency reflect a high level of commitment to involving service providers in the decision making process of the agency. There is open discussion, consultation and shared implementation within the partnership. These arrangements have improved significantly since *Shaping the Future 2001–2003* whereby a number of formal mechanisms outside of the Board and the Consultative Forum have been established, including service-based networks and issue-based steering groups, advisory groups and working groups.

Homeless Agency Board

The Homeless Agency operates under the direction of a partnership Board and Consultative Forum. Each body is formally constituted with terms of reference, as are any other participatory structures through which the partners to the Homeless Agency arrangements contribute. The membership of the Board and Forum are listed in Appendix 1.

The Homeless Agency Board is responsible for setting the strategic policy framework to address homelessness in Dublin. It proposes plans to the Cross Department Team and also to the relevant Local Authority Strategic Policy Committees and Councils, to the Health Service Executive and other statutory partners. The Board reviews progress in relation to each Action Plan and addresses any gaps in service development and delivery as well as barriers to progress. The Board includes representatives of statutory and voluntary agencies including providers of services to people who are experiencing homelessness in the Dublin area.

Homeless Agency Consultative Forum

The Consultative Forum has the task of monitoring the implementation of the Action Plan from a service delivery and operational perspective. The Forum was established to provide a mechanism for the promotion and development of partnership between organisations and sectors, which underpins the approach of the Homeless Agency. In particular the Forum is tasked with formulating proposals for the development of the partnership approach with relevant bodies in local areas identified in the Action Plan and acts as an advisory body to the Board. The Forum also has an important role in providing direct service user participation.

The Homeless Agency Funding Process and the Assessment Panel

The Government allocates funding to a range of statutory and voluntary homeless services. The Department of Environment, Heritage and Local Government is responsible for the operating costs of services and projects, while the Department of Health and Children is responsible for targeted healthcare and support costs.

The Homeless Agency convenes an Assessment Panel to agree and propose funding for the development and delivery of homeless services in Dublin. The panel comprises statutory representatives from the funding agencies (the four local authorities in Dublin and the Health Service Executive). Its work is guided by *A Clearer Future*, which describes the Homeless Agency's funding policy framework. The Assessment Panel assesses annual applications from voluntary agencies to provide new or expanded services, and to agree continuing services, in partnership with the four Dublin local authorities and the Health Service Executive. The Homeless Agency proposes a budget through the Cross Departmental Team on Homelessness.

Homeless Agency Networks

To promote effective partnership working and coordination between services, the Homeless Agency has established service-specific networks, which include representatives from relevant organisations working in partnership to address their areas of service. The networks are listed below:

- Emergency Outreach
- Emergency Accommodation Providers
- Transitional Accommodation
- Settlement
- Family
- Information
- Training, Education and Employment
- Learning and Performance

Homeless Agency Working Groups

The Homeless Agency commissions a wide range of research into various aspects of homelessness within the context of its Action Plan. Projects often involve time-limited steering groups, focus groups and/or discussion meetings, and all include representatives from the voluntary and statutory sectors.

There is a CornerStone Advisory Group to assist and advise the editor of CornerStone magazine and a Research Advisory Group has been established to consider the changing trends in homelessness and to examine issues that require further research. The Homeless Agency has also convened advisory groups to oversee the evaluations of emergency and transitional accommodation services. The Link Users Group is an ongoing forum for discussion about the technicalities of using this shared database.

Seminars

In addition to the formal structure, networks and working groups, there are regular seminars on particular issues that bring together relevant participants from both statutory and voluntary organisations. These seminars may be designed to impart information from a research project, for example, or to debate a particular issue.

Homeless Network

The Homeless Network is a network of voluntary sector agencies providing homeless services in the Dublin area. It is not part of the formal structure of the Homeless Agency and was established and is run by the voluntary sector. The Homeless Network liaises and communicates with the Homeless Agency over issues relating to policy formulation, service development and delivery. The Network also nominates representatives to the Homeless Agency participatory structures. A list of the membership of the Homeless Network is given in Appendix 2.

Irish Council for Social Housing (ICSH)

The ICSH is the representative body for voluntary housing associations who collectively provide up to 30% of all new social rented housing. The ICSH has over 300 members, including housing associations who specifically provide housing related services for the homeless in the Dublin Region. The ICSH is a Social Partner and has a dedicated Special Needs Sub-committee, which deals with issues relating to homelessness.



Vision and Strategic Aims

Vision

By 2010, long-term homelessness and the need for people to sleep rough will be eliminated in Dublin.

The risk of a person or family becoming homeless will be minimal due to effective preventative policies and services.

Where it does occur, homelessness will be short-term and all people who are homeless will be assisted into appropriate housing and the realisation of their full potential and rights.

Strategic Aims

The vision is underpinned by three strategic aims, which will guide the work to be completed under the Action Plan in 2007–2010.

- Prevent people from becoming homeless
- Provide effective services in each local area to address the accommodation, housing, health and other relevant needs of people who are homeless in that area
- Provide sufficient long-term housing, with appropriate supports as required, for people who are homeless, especially single person households

The strategic aims encompass the key principles of prevention, local access to quality homeless services and long-term housing options with support as required. The actions relevant to each strategic aim are set out clearly in Sections 5, 6 and 7 of the Action Plan.

Definitions

The following definitions are given to ensure that key terms in the vision for 2010 are clear:

'Homelessness' is given a statutory definition in the Housing Act 1988, Section 2:

'A person shall be regarded by a housing authority as being homeless for the purposes of this Act if—

(a) there is no accommodation available which, in the opinion of the authority, he, together with any other person who normally resides with him or who might reasonably be expected to reside with him, can reasonably occupy or remain in occupation of, or

(b) he is living in a hospital, county home, night shelter or other such institution, and is so living because he has no accommodation of the kind referred to in *paragraph (a)*, and he is, in the opinion of the authority, unable to provide accommodation from his own resources.'

Homelessness is best understood as a variety of circumstances where people are unable to access and/or maintain an appropriate home for themselves and their families. Bearing this in mind, the Homeless Agency Partnership agrees in principle with the European typology of homelessness developed through FEANTSA, which describes the full range of different types of homelessness and housing exclusion (see Section 1 for details of the European typology).

Homelessness is caused by a combination of structural (i.e. social policy, housing) and personal (i.e. disability, behaviour, family crisis) factors and people are most at risk of homelessness where poverty and personal crisis occur.

'Long-term homelessness' is when a person has been homeless for over six months.

A repeat experience of homelessness will be counted as long-term if a person has been homeless for over four weeks and his/her cumulative experience of homelessness exceeds six months in duration over the last five years. This includes people leaving prison or other institutions.

However, the six-month period does not include time spent in a transitional programme, as long as it has not exceeded its agreed duration (typically six months to two years). Where a person is unable to access long-term housing after the agreed duration of a transitional programme, he/she will be considered long term homeless even if he/she remains in transitional accommodation.

'The need for people to sleep rough' is a situation where the reason someone is sleeping rough is a lack of emergency accommodation appropriate to his/her needs.

'Homelessness will be short term' means people will be homeless for less than six months, unless they are in a transitional programme (that has not exceeded its agreed duration).

By 2010, where people experience homelessness for the first time and have been assessed as having low support needs, they will be supported out of homelessness in less than four weeks.

'Appropriate housing' means long-term housing with whatever supports are appropriate to someone's needs, so that they can sustain their tenancy and live as independent a life as possible. Appropriate housing includes a wide range of possible outcomes for someone experiencing homelessness, including: tenancies in local authority or housing association social housing, tenancies in the private sector, accommodation in a family home or their own home, culturally-appropriate accommodation for Travellers, housing with long-term supports or lifelong care in supported housing.

'The realisation of their full potential and rights' emphasises the Homeless Agency Partnership's belief that everyone experiencing homelessness is entitled to their personal dignity and human rights, especially the right to make choices for themselves and live as independent a life as possible. The Homeless Agency Partnership believes that by supporting people to access their rights, it is assisting them to take control of their own circumstances and to realise their full potential. 'Rights' denotes the differing legal rights and entitlements that residents of Ireland have.

The following additional terms are used in *A Key to the Door*:

'At risk of homelessness' means people living in insecure accommodation, under threat of eviction, in temporary or non-standard structures, in unfit housing and/or in extreme overcrowding. It includes people living under the threat of violence and people in unsafe relationships. It also includes people due for release/discharge from prison, hospital, state care or direct service provision (asylum seekers) who have been previously homeless and/or who have been identified by these services as being at risk of homelessness.

'Minority ethnic groups' and *'Minority cultural groups'* are those social groups that are identified as having their own means of communication, beliefs, values and practices distinct from the majority culture. Ethnic minorities include citizens of Ireland as well as residents who are not Irish citizens.

Members of the Travelling Community are recognised as a distinct group in *Traveller Health: A National Strategy* (p.13):

'there is now recognition at official level that Travellers are a distinct minority with their own culture and beliefs and most importantly that they have a right to have their culture recognised in the planning and provision of services'

'Homeless proofing' is where policies and procedures are checked to ensure that they do not exclude people who are homeless or at risk of homelessness. In addition, policy changes must be checked to ensure that they do not exacerbate the factors that cause and maintain homelessness, or act as a barrier to tackling homelessness. Homeless proofing is similar to disability proofing in this regard and both are part of the larger exercise of equality proofing and poverty proofing.

'Long-term supports' are those supports that enable a person to live as independent a life as possible, on their own or in shared accommodation, making choices for themselves and their dependents. Long-term implies an indefinite period of support, with the goal of withdrawing or reducing support if and when a person is ready for autonomous living. *'Visiting supports'* are long-term support services that visit someone in their home.

'Local areas' refer to local authority areas, in the case of Dún Laoghaire-Rathdown, Fingal and South Dublin County Councils, and the five functional areas of Dublin City Council (Central, North Central, North West, South Central and South East). See the maps in Section 2 for details of these areas.

'Mainstream services' refers to health, education, training, employment and other services that provide assistance to the general public, but which are not specialised in the provision of services to address the needs of people experiencing homelessness.

Values and Principles

The Homeless Agency Partnership has committed to the following values and principles:

- Homelessness is solvable and preventable.
- Homelessness is caused by a range of social and economic factors.
- The development of policies and services to prevent people from becoming homeless is as important as the responses to people once they become homeless.
- The key to tackling homelessness is an adequate supply of appropriate housing and social support services.
- Social housing provided by local authorities or voluntary housing associations is preferable to private rented housing in providing permanent accommodation for people who are homeless.
- Partnership and coordinated responses to service provision are essential to eliminating long-term homelessness and the need for people to sleep rough.
- Access to mainstream services is as essential for people experiencing homelessness, as is access to specialist services.
- Responses to homelessness must be effective, relevant and appropriate.
- Every person and family is entitled to a place they can call home, with support as necessary, to enable them to maximise their independence and wellbeing.
- People who experience homelessness are entitled to services that are seamless, integrated and of the highest quality.
- The purpose of services for people who are homeless is to promote independence and to provide support and advocacy to help people out of homelessness.
- Service users must be intimately involved in the formulation of any service responses. Each person is unique and has the right to be involved in decisions that affect them.
- The views, experience and expertise of homeless service users and front line providers will be used to inform the planning and development of responses for people who experience homelessness.

Key Assumptions

The Homeless Agency Partnership has committed to the following key assumptions in relation to the delivery of the Action Plan on homelessness 2007–2010:

- That the Government will provide the necessary resources required to enable the full implementation of the plans.
- That revenue funding will be available for supported housing, meaning both specialist housing units and visiting support to people in regular housing.
- That mainstream services will make the necessary changes to their provision of services so that people experiencing homelessness are not excluded.
- That the blockages on an adequate supply of long-term housing are addressed.
- That the Government will increase the supply of social housing and implement the 2004 recommendations of the National Economic and Social Council in line with *Towards 2016* (i.e. towards the achievement of a national social housing stock of 200,000 units by 2012, which includes the Rental Accommodation Scheme).
- That the targets for social housing in the Dublin local authorities' Social and Affordable Action Plans 2004–2008 will be achieved and that their next plans will provide for a significant increase in social housing provision.
- That the members of the Homeless Agency Partnership responsible for actions in the Action Plan will implement them in accordance with the timelines, values and principles set out in the plan.
- That the Board of the Homeless Agency Partnership will be effective in driving the implementation of the plan.
- That there is not a sudden, unforeseen increase in pressure on rented housing or in the numbers of people becoming homeless.

Core Actions and Additional Actions

It was felt that previous plans were not clear about what actions had higher priority or were likely to have a more significant impact on tackling homelessness. For this plan, ten core actions were identified that were agreed to represent the most important actions that need to be completed in order to achieve the vision. Completing these actions will be given top priority during the four years of the plan. Core actions are described in detail under each of the strategic aims in Sections 5, 6 and 7.

All other actions are called 'additional actions'. This does not imply that they are inferior, as many of them are crucial to improving the quality of services. Additional actions merely have a lower priority than the ten core actions as it was agreed that without the achievement of the core actions, the additional actions would not have as much impact in achieving the vision. Additional actions are listed in Sections 5, 6 and 7. Prevention actions are numbered P1, P2, P3, etc. Services actions are numbered from S1 and Housing actions are numbered from H1.

Key Indicators

It is not always possible to measure the direct effects of a policy or a service, especially with the goals of preventing and eliminating long-term homelessness and the need for rough sleeping. As a result, 'indicators' are used to measure the key social changes that the policies and services are meant to effect. Thus, while the specific actions in the plan may have various different direct effects, they should all lead to long-term improvement in the social outcomes that the indicators measure. By measuring the key indicators, the Homeless Agency can monitor whether or not the whole set of policies and services provided is making a difference to the social outcomes that the Action Plan is meant to deliver.

The following measurements have been identified as key indicators of the social outcomes that homeless services are working towards. Detail of these indicators is given in Section 11.

Vision

- How many people are experiencing homelessness?
- How many people are experiencing long-term homelessness?
- What is the duration of people's experience of homelessness?
- How many people are sleeping rough?
- How many rough sleepers cannot access appropriate emergency accommodation?
And why?

Prevention

- How many people are becoming homeless every year? And why?
- How many repeat cases of homelessness occur every year?
- How many people move directly into homelessness from prison release, hospital/care discharge or direct service provision (asylum seekers)?
- How many people in state institutions are at risk of homelessness upon release/discharge?
- How many people are being prevented from homelessness through visiting support services?

Quality Homeless Services in Local Areas

- How many people are homeless in each local area?
- What are the demographic profile and support needs of people experiencing homelessness in each local area?
- How many people are barred or excluded from accommodation and/or support services in each local area? And why?
- Where are people experiencing homelessness temporarily housed? (i.e. in what type of accommodation and in what local area)
- How many people are unable to source appropriate temporary accommodation and/or support services in their local area? And why?

- How many people experiencing homelessness are currently accommodated through a transitional programme or another fixed duration support/treatment programme?

Housing and Housing Supports

- What are the housing and long-term support needs of homeless people in each local area?
- How many people experiencing homelessness have moved into long-term housing (or other appropriate accommodation)? And what type?
- How many newly homeless households (with low support needs) source appropriate accommodation within four weeks?
- How many people experiencing homelessness are unable to source appropriate long-term accommodation after six months?
- How many people experiencing homelessness are entitled to register on a local authority social housing list? How many have done so? And how many have homeless priority? For those people not entitled to register, why is this the case?
- How many people (previously homeless) are maintained in their home through visiting support services?

Timelines for the Completion of Actions

Throughout the consultation process the importance of timelines for the review and completion of actions was highlighted.

There are two types of action in the plan: continuous actions that will be in operation over the whole period and one-off actions that can be clearly finished. In some cases, an action will involve a one-off task (such as a feasibility study) that may be followed by a continuous action.

Every one-off action in the plan has been given a scheduled completion date, which are given in Appendix 4.



Achieving the Vision (Measuring Progress 2001–2006)

Introduction

The first Homeless Agency Action Plan, *Shaping the Future*, covered the period 2001–2003. It was followed by *Making it Home*, which covered the period 2004–2006. This section summarises the evaluation of *Shaping the Future*, which was carried out by PriceWaterhouseCoopers in 2004, and provides an assessment of *Making it Home* that was carried out by Simon Brooke, a housing and social policy consultant.

A final assessment of *Making it Home* will be completed at the end of 2006, and will be published early in 2007. This review will include a more detailed analysis of outcomes than appears here, and an assessment of key performance indicators.

Shaping the Future, 2001–2003

Shaping the Future was the Homeless Agency's first Action Plan. It set out the vision for 2010, which has been retained in each Action Plan. PriceWaterhouseCoopers evaluated it in 2003. Their evaluation included an analysis of actual performance as well as a consultation programme aimed at identifying areas where the Homeless Agency was having a positive impact and identifying those issues that had the potential to impede future progress.

It was widely acknowledged by those who were consulted that the Homeless Agency, by bringing together the different stakeholders and working to achieve a partnership solution, had achieved a great deal. At the same time, difficulties in developing effective partnership relationships were also identified.

The evaluators concluded that, despite the existence of factors that worked against efforts to achieve the plan's aims, the Homeless Agency either fully or partially completed over 50% of the objectives set out in the plan. Performance against objectives defined by the Homeless Agency as priority objectives was greater, with 72% being achieved.

Making it Home, 2004–2006

Like *Shaping the Future*, the structure of *Making it Home* was built around the vision for 2010.

In *Making it Home*, the vision was buttressed by six strategic aims:

- 1** Reduce the number of households who become homeless
- 2** Increase housing options for single people who are homeless
- 3** Ensure that services are effective in addressing the needs of people who become homeless
- 4** Ensure that each local area develops effective responses to homelessness
- 5** Improve information available on homelessness and responses to it
- 6** Provide effective leadership and coordination in the implementation of the plan

Supporting the strategic aims were 43 objectives and 120 actions. The Homeless Agency's performance in completing these objectives and actions was externally reviewed by Simon Brooke, an independent housing and social policy consultant.

The principle method of assessing the performance of *Making it Home* was an analysis of the 120 actions and the extent to which each had been achieved. Before outlining the results, it is necessary to explain the different kinds of actions in *Making it Home*.

Lead Agency

Because the Homeless Agency is a partnership body, for some actions the lead agency was not the Homeless Agency itself, but other partner organisations. In most cases the other agency was one or more of the four Dublin local authorities and/or the Health Service Executive. The Homeless Agency was the sole or joint lead agency for 85 actions and other agencies were the lead agency for 35 actions.

One-off Versus Continuous

Some actions are one-off, that is, the action is specific and has a defined end. An example of this kind of action is, 'Complete a prevention strategy'. Other actions are continuous and have no defined end. An example of this kind of action is, 'monitor and review unplanned discharges from institutions'. Of the 120 actions, 86 can be categorised as one-off actions, and 34 as continuous actions.

Dependent Actions

Independent actions are those actions that are not dependent on other actions to have occurred first. Dependent actions are those that do depend on a previous action being completed. An example of a dependent action is action 2.4.2, 'implement, review and plan the information programme'. This action cannot be carried out until the previous action, 2.4.1 'Devise an information programme...' has been completed. Of the 120 actions, 106 may be categorised as independent and 14 as dependent.

Overall, the actions were assessed as:

- Completed or very substantially completed: more than 90% complete
- Considerable progress made: approximately 75% complete
- Significant progress made: approximately 50% complete
- Some progress made: approximately 25% complete
- Not done or very little progress made: less than 10% complete

When this assessment is applied to a continuous action it refers to the extent to which it is being implemented, since by definition a continuous action cannot be completed. So for example an action concerned with monitoring would be assessed by the extent to which all relevant aspects of the activity are being monitored.

The results of applying this classification to the 120 actions are shown in the table below.

| | Number | Percentage |
|---|--------|------------|
| Completed or very substantially completed: more than 90% complete | 66 | 55% |
| Considerable progress made: approximately 75% complete | 16 | 13% |
| Significant progress made: approximately 50% complete | 25 | 21% |
| Some progress made: approximately 25% complete | 5 | 4% |
| Not done or very little progress made: less than 10% complete | 8 | 7% |
| TOTAL | 120 | 100% |

Table 4.1 Making it Home progress review, June 2006

The table below breaks down these results by strategic aim.

| Strategic aim | Total no. of actions | Completed or very substantially completed: more than 90% complete | At least 50% completed |
|---------------------------------|----------------------|---|------------------------|
| 1 Prevention | 11 | 55% | 100% |
| 2 More housing options | 9 | 44% | 56% |
| 3 Ensure services are effective | 19 | 42% | 95% |
| 4 Local responses | 47 | 60% | 85% |
| 5 Better data | 14 | 57% | 93% |
| 6 Leadership and co-ordination | 20 | 60% | 100% |

Table 4.2 Progress under each strategic aim (2004–06)

It can be seen that for five of the six strategic aims, all or nearly all actions were at least 50% complete. However, only just over half of the actions in Strategic Aim 2 (more housing options) were at least 50% complete.

The next table examines the actions that were less than 50% complete. The evaluator and Homeless Agency staff identified the primary reason for the lack of progress.

| Reason why action incomplete | No of actions |
|--|---------------|
| Unforeseen problems – action will not be completed | 2 |
| Action became redundant – will not be completed | 5 |
| Action delayed but will be completed | 6 |
| TOTAL | 13 |

Table 4.3 Reasons for lack of progress (2004–06)

Finally, the evaluator and Homeless Agency staff identified 6 core actions from the 120 actions set out in *Making it Home*, each of which represented a major initiative that would assist in the achievement of the vision. The extent to which these actions were achieved is indicated in the table below.

| | |
|---|----------------------------------|
| Comprehensive prevention policy | Completed |
| Source housing in private sector | Some progress made |
| Tenancy sustainment service | Completed |
| Assessment of needs of long-term hostel residents | Completed |
| Continue to develop primary health care initiatives | Considerable progress made |
| Local authority lettings to homeless households | Varied between local authorities |

Table 4.4 Progress on six core actions in *Making it Home* (2004–06)

The limited progress made in sourcing housing in the private sector can be explained by the introduction and slow implementation of the Rental Accommodation Scheme, as well as other blockages in the private rented sector. The need for long-term supports alongside tenancies was also identified as a barrier to people with significant support needs gaining tenancies in the private rented sector.

While the progress made towards completing this action was disappointing, considerable progress was made in the realisation of other actions. In particular, the completion of a comprehensive prevention strategy and the establishment of a tenancy sustainment service both have the capacity to make a very significant impact on homelessness in years to come.

One local authority exceeded its target of allocations to homeless households, two local authorities did not reach their targets, and one local authority did not have a target.

Other Achievements, 2001–2006

Finally, there were three other significant achievements made over the period 2001–2006, not related to specific actions. These achievements were identified during consultation about the content of the Action Plan 2007–2010. They were: making partnership work, securing increased funding for homeless services, and localisation of services.

Making Partnership Work

There was widespread agreement that the relationship between the relevant statutory and voluntary agencies has improved very considerably during the period of the first two Action Plans. This has manifested itself in a greater understanding of the respective constraints and opportunities that characterise different kinds of organisations, which in turn has led to far more constructive dialogue and a commitment to tackling the problem of homelessness through partnership.

Increased Funding for Homeless Services

Overall funding for homeless services has increased dramatically since 2001. Without this, many crucial initiatives would not have happened. Funding is necessary but not sufficient for the achievement of the Homeless Agency's vision.

Localisation of Services

Several services were delivered at a local level in the four Dublin local authority areas, allowing people to access services in their own neighbourhood.



Prevent Homelessness

Strategic aim Prevent people from becoming homeless

Introduction

The Homeless Agency Partnership's vision suggests that by 2010 the risk of someone becoming homeless will be minimal due to effective preventative policies and services. It is important to recognise the vital work of preventative services in ensuring that people's circumstances do not reach such a crisis point that their ability to maintain a home is endangered. It is equally important to recognise that early intervention to prevent people from unnecessary hardship is of benefit to all of Irish society. Not only is prevention more cost-effective, but also a society that acts quickly to prevent its most vulnerable people from sliding into homelessness is a society that everyone can feel proud to belong to.

The following needs have been identified as areas that require healthcare and/or other intervention, in order to reduce the risk of someone becoming homeless:

- Mental health problems
- Addiction (drug, alcohol)
- Dual diagnosis (addiction and mental health)
- Challenging behaviours
- Personality disorders
- Learning disabilities
- Meaningful occupation (education, training and employment)
- Landlord and tenant disputes

The following services have been identified as vital parts of the safety net:

- Primary healthcare
- Mental healthcare (including person-centred psychiatric, psychological and multidisciplinary services)
- Family mediation
- Medical cards
- Adult education and literacy services
- Training and employment services
- Advice, support and advocacy for tenants at risk of homelessness

In addition, prevention services must take account of the needs of people with physical and/or sensory disabilities, as well as people's language and/or literacy needs.

Core Actions (Prevention)

1 Identify people and households at risk of homelessness and intervene appropriately with a co-ordinated multi-agency approach

The Homeless Agency Partnership has identified prevention as a key element in addressing homelessness in 2007–2010 and in supporting people into homes. In addition to the other actions set out below, a range of settlement services funded under the Homeless Agency arrangements and the newer tenancy sustainment services have been established within the four Dublin local authority areas in 2005 and 2006. These will continue to be a key element in the preventative and long-term housing strategies for Dublin, given their role in relation to identifying and maintaining tenancies for individuals and families who have been or who are at risk of losing their tenancy in social housing or in private accommodation.

The Homeless Agency Partnership will work with mainstream services to ensure protocols are in place to identify people at risk of homelessness and to alert tenancy sustainment services immediately as well as other relevant services when the need for them is identified. These protocols will emphasise those groups known to have a higher risk of homelessness. They will also highlight emerging needs since the last plan, such as ethnic minorities. Co-ordination between settlement, tenancy sustainment and other support services across Dublin will be developed.

Within this context agreed caseload targets will be set for the tenancy sustainment and settlement services across Dublin over the life of the Action Plan 2007–2010, with a minimum of 2,500 households to be supported by 2010 (based on current staffing levels).

2 Ensure access to mainstream health services and other services for people and households at risk of homelessness

The World Health Organisation defines health as a 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'². In Ireland, the Health Service Executive (HSE) is the agency responsible for providing health and personal social services for everyone living in the Republic of Ireland and as outlined in the Health Act 2004, the objective of the HSE is to use the resources available, in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public³.

The HSE will ensure that people at risk of homelessness have equal access to high quality, integrated and locally available mainstream healthcare and services to meet their needs. In the first six months of 2007 and 2009 the HSE, in consultation with the Homeless Agency, will complete an audit on the accessibility of the broad range of health services that people experiencing homelessness would wish to access and will develop a plan within six months of the audit to address any barriers and deficits in service provision, to be implemented over the life of the Action Plan 2007–2010. A Steering Group will oversee this work. The Holistic Needs Assessment will play an important role in providing this information, alongside other measurements of population health.

In addition, the Homeless Agency will seek to ensure that people at risk of homelessness have access to a full range of mainstream services, including education, training, welfare, advice, information and other services. The Homeless Agency will monitor whether these services were available and accessible to people newly homeless and will seek changes to these services where they were inaccessible.

3 Implement an information and awareness strategy

The Homeless Agency Partnership will develop, implement and review an information and awareness strategy to inform the public, Government and target groups, which will include information, communications, media and public relations initiatives. The strategy will:

- Enhance the public's understanding of the nature, causes and responses to homelessness.
- Target information at groups who are currently homeless or at risk of homelessness, ensuring that all information about homeless services is accessible to all groups, across literacy and/or language barriers. This includes housing advice and advocacy targeted at vulnerable groups.
- The Homeless Agency will continue to advise and inform Government based on research and best practice, through the Cross Departmental Team on Homelessness, when barriers to effective service provision and to moving people out of homelessness are identified, in order to ensure that these barriers can be addressed and removed.

² World Health Organization, 2006, www.who.int/about/en/

³ Health Service Executive, 2005, www.hse.ie/en/aboutus/

Prevention: Additional Actions

- P1** The *Homeless Agency Partnership* will provide expert advice and policy proofing on request from the *Cross Departmental Team on Homelessness*, the *four Dublin Local Authorities* and the *Health Service Executive* in regard to any new and/or potential policies.
- P2** The *four Dublin Local Authorities* will further develop referral protocols with tenancy sustainment services, to homeless-proof estate management services (e.g. link estate management with tenancy sustainment services) and to develop links between local authority Rent sections and tenancy sustainment services to minimise the risk of households becoming homeless. This will include agreed procedures to deal with individuals and families at risk of eviction from local authority housing, and for those evicted. One aspect of this will be seeking court orders to deduct rent at source of income.
- P3** The *Homeless Agency Partnership* will identify and agree the continuum of care to be provided by settlement and tenancy sustainment services throughout the life of the Action Plan 2007–2010, including taking account of the findings and recommendations from the evaluation of these services in 2007. The *Health Service Executive* and the *four Dublin Local Authorities* will agree and implement a settlement strategy.
- P4** The *Health Service Executive*, *Prison Service*, *Probation Service*, the *four Dublin Local Authorities*, *Homeless Services* and the *Asylum Seekers Unit* will agree joint protocols for interagency work to identify individuals and families at risk of homelessness, and to put in place Care and Case Management to prevent them from becoming homeless. These will include protocols for people prior to release from state care and institutions including residential childcare, prisons, hospitals and psychiatric services, as well as people moving out of direct service provision (asylum seekers).
- P5** The *Health Service Executive* with the *four Dublin Local Authorities*, *voluntary bodies*, *Department of Education* and *Department of Social and Family Affairs* will establish a high-level management structure, or work within an existing structure, to coordinate education, health, welfare and developmental needs of children and families resident in temporary/private emergency accommodation, especially children made homeless by way of their families.
- P6** The *four Dublin Local Authorities* will implement the recommendation set out in the review of Government strategy, that households only stay short-term (less than six months) in private emergency accommodation.
- P7** The *Health Service Executive* is currently rolling out the population health assessments of need, as part of the work of the primary healthcare teams. This will take account of all sections of society, including the needs of people who are experiencing homelessness.
- P8** The *Homeless Agency*, the *four Dublin Local Authorities*, *Health Service Executive* and *all homeless services* will develop more effective mechanisms to collect, collate and share information (subject to Data Protection) on individuals and families presenting as homeless to ensure more integrated service provision, including through:

- a) 100% usage of the Homeless Agency's LINK client database
- b) Integrating client databases across the homeless services sector including those maintained by statutory and voluntary sector homeless services such as the Homeless Persons Unit's Assessment and Care and Case Management database
- c) Implementing the social work information system to collect data on child protection and the safeguarding of children resident in homeless and private emergency services
- d) Implementation of the Homeless Agency's sectoral induction website and linking websites across homeless services
- e) Developing and providing information in both suitable language (based on National Adult Literacy Agency guidelines) and different languages (to meet the needs of new communities to Ireland who may experience homelessness)

P9 *The Homeless Agency Partnership* in consultation with the *Department of Enterprise and Trade, FÁS, Department of Education, CDVEC, Business in the Community* and other bodies will develop a strategy for implementing targeted training, education and employment initiatives for people experiencing homelessness. This work will be completed in the first six months of 2007 and will be undertaken over the life of the Action Plan and within the context of national plans to engage people in training, education and employment.

P10 The *Health Service Executive* is implementing the recommendations and findings in *A Vision for Change* as part of Government strategy, and will ensure the full implementation of those recommendations relevant to people experiencing homelessness.

P11 The *Homeless Agency* will seek the allocation of a small grants budget to fund specific prevention initiatives in each of the eight local areas (the detail of these initiatives will be provided in the local area implementation plans).

Prevention: Specific Local Authority Actions

P12 All eight *Local Homeless Forums* will develop and implement specific prevention initiatives as part of the implementation plans for their local areas.

P13 *The four Dublin Local Authorities* will continue tenancy sustainment services and housing welfare services.

P14 *South Dublin* will continue outreach service and will work closely with existing housing welfare and social work teams (e.g. settlement) in particular in Tallaght/Clondalkin.

P15 *Dún Laoghaire-Rathdown County Council* will establish the extent/remit of existing outreach services (e.g. Barnardos, family support workers). On the basis of this study, the current outreach service will be expanded as necessary/appropriate.



Provide Quality Homeless Services, Locally

Strategic aim Provide effective services in each local area to address the accommodation, housing, health and other relevant needs of people who are homeless in that area

Introduction

The immediate need of someone who presents as homeless is to have his or her homeless status verified and to be given access to emergency accommodation. However, it is vital that support does not stop there. At the earliest opportunity, everyone presenting as homeless (or currently homeless) should have the full range of his or her accommodation and support needs assessed. Any risk that a person poses to themselves or others should also be assessed.

Following on from assessment, a care plan needs to be drawn up and agreed between the project worker carrying out the assessment and the person experiencing homelessness. This care plan may emphasis one or more areas where a person has high support needs, but it should also include action to be taken to cover the full range of a person's needs, from healthcare and addiction, to life skills, education, training and employment. The care plan should be shared between services that are working with the same person to avoid duplication of assessments and to ensure a co-ordinated approach to service provision. A project worker in one of those services should be agreed as the case manager for that service user. The case manager has responsibility to ensure that the full range of actions identified in the care plan are actually carried out across the different services. Case conferences may be called to co-ordinate the different roles of the agencies working with the same person. Care plans should be regularly reviewed to ensure that all of a person's needs are current and are addressed. This will reduce the chance of a neglected need surfacing later to undermine the support that has been given in another area. For example, particular attention should be given to addressing people with a dual diagnosis of mental health and addiction problems.

Once the crisis in someone's life has been (at least initially) addressed, services should seek to assist him/her into suitable, long-term housing as soon as possible. The delivery of support services should continue in their new home. However, over time and where appropriate, this support role should be handed over to mainstream services.

The Homeless Agency, through the Service Level Agreements made with every funded service, is working to ensure best practice is delivered in all homeless services and that the assessment and care planning process is rolled out across the sector. The Homeless Agency is also constantly reviewing the needs of people experiencing homelessness and the availability of services, with the goal of providing an appropriate level of service in every local area to replace the current over-concentration of services in the city centre.

The eight local Homeless Forums across the Dublin area will have an increasing role in the implementation of *A Key to the Door* and the delivery of targeted responses to homelessness in each local area, taking into account local circumstances.

Core Actions (Quality Homeless Services in Local Areas)

4 Implement the Holistic Needs Assessment and the Care and Case Management approach across the homeless services sector

The Homeless Agency Partnership has committed to the implementation of a Care and Case Management system across the homeless services sector. This approach has proven internationally to significantly improve outcomes for service users with high support needs.

Case Management occurs when a service user's care plan requires intensive collaborative involvement from a range of service providers simultaneously, and for a period of time.

Case Management requires those services to work as a team to meet the service user's needs, and to have an individual identified as the coordinator of that team. This is the Case Manager.

The Case Management team must communicate effectively and be accountable to the Case Manager for fulfilling care plan actions.

The distinction between Case and Care Management is highlighted as follows:

- Case Management is a process which is used to holistically provide multiple services to an individual/family, through the use of a detailed assessment and development of a care plan relevant to their distinct needs. The Case Manager is responsible for planning and management of individual cases within and across relevant organisations.
- Care Management is the support provided to the case management process through sector wide planning, monitoring, evaluating and 'trouble-shooting'. The Care Manager is responsible for co-ordination, and supporting case managers, dealing with barriers and blockages across and between sectors. This role is provided by the Homeless Agency's Integrated Services Coordinator.

The Case Management Model will involve the development of a range of case management tools and processes, in consultation with service providers, which will improve collaborative service delivery. These tools will include:

- Holistic Needs Assessment Tool
- Risk Assessment
- Care Plan
- Job Description of Care Manager
- Job description of Case Manager
- Interagency protocols, such as:
 - Referral protocol
 - Responsibilities and accountability agreement
 - Case conference protocols
 - Confidentiality agreement and Data Protection protocol
 - Gaps and blocks protocol: detailing external and internal supports
 - Monitoring and evaluation mechanism
 - Service user feedback mechanism
 - Outcome measurement

These tools and processes will provide supports to the Case Management process and promote clarity, consistency and accountability in the responses of services to service users who may have a range of high support needs.

All services funded under the Homeless Agency arrangements will therefore implement the Holistic Needs Assessment and work within a Care and Case Management approach.

5 Continue the localisation of mainstream and specialist homeless services

The Homeless Agency Partnership will continue to develop a localisation strategy to develop, implement and integrate services at local area levels, in line with the review of Government strategy. The local area homeless forums will integrate their activities with any currently existing community homeless forums.

In this context, the local area homeless forums (the five Dublin City functional areas, Dún Laoghaire-Rathdown, Fingal and South Dublin) will develop implementation plans, to provide services to address the needs of people experiencing homelessness, including housing, healthcare, accommodation, inreach and outreach, food, day and information, and referral and placements services. The four Dublin local authorities, the Health Service Executive, voluntary agencies and other relevant bodies (e.g. Gardaí, Probation Service, FÁS, VEC, Education, Social and Family Services, Homeless Persons Unit) will work through the local area forums in the development and achievement of these plans.

6 Increase service user participation

The Homeless Agency Partnership is committed to the principle of service user participation as a means of delivering better services and in line with the principle of maximising service users' control over their own lives.

In 2007, the Homeless Agency Partnership will develop and implement a model of service user participation that will include representation on the Homeless Agency Consultative Forum.

The Homeless Agency Partnership will actively encourage all services to develop their own models of service user participation, which may take one or more of the following forms:

- Service user charters including rights of appeal and complaints procedures
- Collective consultation through resident forums, conferences, focus groups or surveys
- Membership of decision-making bodies
- Liaison with advocates and/or service user representatives

Quality Homeless Services in Local Areas: Additional Actions

- S1** *All homeless services will assess all newly homeless persons and households within two weeks of presenting with the aim of assisting those with low support needs out of homelessness within a period of four weeks. Each individual and/or family who present as homeless will have a care plan in place within this four-week period.*
- S2** *The Homeless Agency will develop and implement training and training packs – 'train the trainer' – on the Holistic Needs Assessment, care planning, and Care and Case Management within the first six months of 2007. Training to be made available to prisons, psychiatric institutions, hospitals and social workers. This is the second phase of the needs assessment process, following the pilot studies in 2006. The second phase will be evaluated after six months. The third phase will be the implementation of the assessment process by all statutory and voluntary homeless services.*
- S3** *The Homeless Persons Unit, the four Dublin Local Authorities and all homeless services will complete assessments of need and Care and Case Management plans in a coordinated and streamlined way to ensure a comprehensive and accurate outcome for people using services. The HPU will undertake initial assessments and make them available to other services, which will conduct the Holistic Needs Assessment.*
- S4** *The four Dublin Local Authorities and Homeless Persons Unit will develop a joint protocol and process for the assessment and case management of people presenting from the local area, including a follow-up with people who present to the HPU but who do not register on that local authority's housing list. Dublin City Council to develop and implement this protocol in each of its functional areas.*
- S5** *The Homeless Agency Partnership will actively support the establishment of a dedicated multi-disciplinary team, based on a Care and Case Management approach, located within the Probation Service, as recommended in the Probation Service's report *Into the Gaff*.*
- S6** *The Homeless Persons Unit and Dún Laoghaire-Rathdown County Council will review and expand the clinic hours of the Homeless Persons Unit project.*

- S7** *The Homeless Persons Unit* will provide regular referral and placement services in local areas to be rolled out over 2007. People experiencing homelessness will be able to access their local Community Welfare Officer.
- S8** *The Homeless Persons Unit* and *Homeless Agency* will review the operation of the Homeless Persons Unit's 'housing first' approach of providing households with rent deposits as an immediate response to presentation as homeless. This review will examine long-term outcomes and will seek the expansion or enhancement of this policy if it is successful.
- S9** *The Homeless Persons Unit (HPU), Asylum Seekers Unit (ASU) and Homeless Agency* will review the accessibility of services to non-English-speakers (e.g. the use of the ASU versus the HPU).
- S10** *Homeless Services* will assess all long-term residents in emergency and transitional accommodation by end-2007, with care plans to be put in place as well. This work will be linked with the settlement and tenancy sustainment strategy for Dublin.
- S11** *The Homeless Agency Partnership* will improve the quality of services through:
- a)** Continued development and implementation of quality standards in specialist homeless services provision (minimum, good and best practice) and in facility management
 - b)** Compliance with relevant legislation including health and safety, fire safety and Disability Act 2005
 - c)** Recommending the licensing and regular inspections of homeless services (e.g. through the Office of the Inspector of Social Services)
 - d)** Continued implementation of service level agreements and service evaluations
 - e)** Implementation of the findings and recommendations from the Homeless Agency's *Review of Funding*
- S12** *The Homeless Agency Partnership* will agree reconfiguration of emergency and transitional services on the basis of findings and recommendations from the evaluations. This will also take account of the provision of drug-free and alcohol-free environments and high tolerance and harm reduction services to prevent further homelessness.
- S13** *The Homeless Agency* will monitor the introduction of service user charges, where they have been introduced in temporary and private emergency accommodation.
- S14** *The four Dublin Local Authorities* will clarify and co-ordinate a shared definition of homelessness, in consultation with voluntary service providers and the *Health Service Executive*, including consideration of issues relevant to domestic violence, in relation to the policy and practice relevant to applications from homeless people for priority on local authority housing lists.
- S15** *The Homeless Agency Partnership* will work with mainstream and specialist homeless services to identify and remove persistent barriers to accessing mainstream and specialist services. Including:
- Barriers to people at risk of homelessness.
 - Barriers to people currently experiencing homelessness, including those from AC12 and other states.
 - Barriers to individuals and families moving out of homelessness.

- S16** *The Homeless Agency Partnership* will ensure that all homeless services are accessible to all people regardless of their ethnic origin and it will develop information initiatives to ensure that people from new communities to Ireland and ethnic minorities are aware of homeless services.
- S17** The *Homeless Agency* will develop training in intercultural and anti-discrimination practices, and human rights based approaches, as part of the Learning and Performance Programme.
- S18** The *Health Service Executive* is currently developing an intercultural strategy to ensure equality of access to all health services regardless of ethnic or cultural background. The *Homeless Agency* will feed into the development of the Strategy and ensure that homeless services are supported in its implementation.
- S19** *The four Dublin Local Authorities* and the *Health Service Executive* will agree a plan for the implementation of the review of women's refuge services in local areas.
- S20** *The Homeless Agency Partnership* will coordinate its research efforts in 2007–2010 to include a longitudinal study on pathways into and out of homelessness; including housing, healthcare and other relevant responses to homelessness and preventative and interventionist strategies. All work will take account of evidence-based practice will build on that already completed under the Homeless Agency Action Plan, including a longitudinal study underway on young people who become homeless and the research being undertaken by the National Council on Ageing and Older People.
- S21** The *Health Service Executive* will implement actions 44 and 48 from the National Drugs Strategy:
- ‘Action 44: To have immediate access for drug misusers to professional assessment and counselling by health services, followed by commencement of treatment as deemed appropriate, not later than one month after assessment.’
- ‘Action 48: To have in place, in each local area health office, a range of treatment and rehabilitation options as part of a planned programme of progression for each drug misuser, by end 2002. This approach will provide a series of options for the drug misuser, appropriate to his/her needs and circumstances and should assist in their re-integration back into society’
- S22** The *Health Service Executive* will expand and improve the coordination of primary services through the network of GPs working with homeless households and individuals on the north side and south side of the city, including development of an information system to improve client tracking.
- S23** The *Health Service Executive* will continue a primary healthcare approach through the existing specialist multi-disciplinary health-link teams and the new primary care teams as they are established over the coming years. The social inclusion section of the HSE will work with the national steering group and the local co-ordinators for the primary care teams to ensure that issues of access to services by homeless people are addressed.
- S24** The *Health Service Executive* will continue the specialist dental services.

- S25** The *Health Service Executive and National Drugs Strategy Team* (with the *Department of Community, Rural and Gaeltacht Affairs*) will develop a national plan for the expansion of detox and rehabilitation services for active drug users, arising from the recommendations from consultations currently taking place.
- S26** The *Health Service Executive* is currently implementing recommendation 15.2.5 in *A Vision for Change* that 'The community mental health team with responsibility and accountability for the homeless population in each catchment area should be clearly identified. Two multi-disciplinary community based mental health teams should be provided, one in North Dublin and one in South Dublin, to provide a mental health service to the homeless population.' The teams will be resourced with a crisis house and accommodation in a community mental health centre, and will be provided with day centres/hospitals as required. Note: the area covered by these North Dublin and South Dublin services cover the local authority areas of Dublin City, Fingal and South Dublin.
- S27** The *Health Service Executive* will continue to ensure access to appropriate mental health services for people experiencing homelessness in the Dún Laoghaire-Rathdown area.
- S28** The *Health Service Executive* will implement its plans to provide respite beds for people who are homeless to prevent inappropriate use of Accident and Emergency services as well as to support people to recuperate following acute hospital stay.
- S29** The *Health Service Executive (East)* will review the resources for the co-ordination of social inclusion in the Dublin Mid-Leinster HSE area to ensure that the available resources will adequately support the localisation of homeless services in the four Dublin local authority areas.

Quality Homeless Services in Local Areas: Specific Local Authority Actions

- S30** The four Dublin Local Authorities will continue to provide ongoing administrative support to their local area homeless forum(s). In the case of *Dublin City Council*, initiatives from each of the five Dublin City local area forums will be agreed and signed off as part of one over-arching plan for Dublin City.
- S31** *Dublin City (Central, South Central and South East)* will develop an initiative to identify any gaps in the current provision of day and outreach services to people experiencing homelessness who congregate in the city centre through the implementation of the findings from the Rapid Needs Assessment.
- S32** *Dublin City (North Central)* will develop long-term supported housing, integrated with mental health and alcohol support services.
- S33** *Dublin City (North West)* will carry out a feasibility study to ensure access to local services in Finglas rather than those in the city centre, and implement its findings.
- S34** *Dublin City (North West)* to support the work commissioned by the Ballymun Homeless Forum aimed at developing a suitable model to meet the local accommodation and holistic care needs of those experiencing homelessness. Dublin City (North West) to support the early implementation of recommended actions and to implement this model through location of sites, securing funding routes and channels and commitment from key stakeholders.

- S35** *Dublin City (North West) (with Depaul Trust)* will continue the alcohol outreach service in Ballymun and will evaluate this service.
- S36** *Dublin City (South Central)* will carry out a feasibility study to ensure access to local services in Ballyfermot rather than those in the city centre, and implement its findings.
- S37** *Dún Laoghaire-Rathdown County Council (with the Health Service Executive and Crosscare)* will continue West Pier Project for Travellers with high support needs.
- S38** *Dún Laoghaire-Rathdown County Council (with the Vocational Education Committee)* will undertake research into the education needs of homeless adults, and implement the findings.
- S39** *Dún Laoghaire-Rathdown County Council (with the Health Service Executive)* will perform a needs/feasibility study on the need for a women's refuge, and implement the findings.
- S40** *Dún Laoghaire-Rathdown County Council (with the Health Service Executive)* will examine the housing need of people experiencing homelessness and actively using drugs/on methadone programmes within the area, and respond accordingly.
- S41** *Fingal County Council* will pilot local placements in one of the private emergency accommodation services in the area, and implement the findings of this pilot study.
- S42** *Fingal County Council (with the Health Service Executive)* to support and fund the development of a women's refuge in Blanchardstown.
- S43** *Fingal County Council (with Threshold)* will provide a weekly local information and advice clinic.
- S44** *Fingal County Council (with BOND)* will relocate the premises of BOND's transitional housing facility.
- S45** *South Dublin County Council* will provide a 10/12-bed emergency assessment accommodation as part of the Respond/St John of God development in Tallaght by end-2009.
- S46** *South Dublin County Council* will provide a 10-bed emergency assessment accommodation in Clondalkin by end-2007/early-2008.



Long-term, Appropriate Housing for All

Strategic aim Provide sufficient long-term housing, with appropriate supports as required, for people who are homeless, especially single person households

Introduction

The Homeless Agency Partnership has committed itself to the ambitious vision of eliminating long-term homelessness and the need to sleep rough by 2010. In order to achieve this, it is necessary to ascertain how many additional housing units will be needed by this time. Based on existing trends, it is estimated that between 2006 and 2008, an estimated total of 6,150 homeless households will require housing. Many of these households will be able to successfully re-settle in the private rented sector or return to their family home, however approximately 3,300 of these households are estimated to require social housing because of their higher support needs. The local authorities' existing plans should provide 2,862 additional houses by the end of 2008, but given that these plans are behind target, a shortfall in excess of 1,000 units is likely. This fact alone clearly signals that there are significant challenges to be overcome if we are to achieve our vision. In 2007, the Partnership will undertake a study to identify the number of housing units needed to achieve the vision by 2010. This information will be provided to local authorities for inclusion in their next Social and Affordable Housing Action Plans.

The success or failure of the Homeless Agency Partnership Action Plan is dependent on a dramatic increase over the next four years of secure and sustainable housing for people who are homeless.

It is difficult to estimate the number of housing units that will be required over the life of this Action Plan. As prevention initiatives are more successful, the number of households newly presenting as homeless should decrease. However, new circumstances, such as migration or economic change, may cause increases in the numbers presenting as homeless. In addition,

there is a lot of work to be done to assist people who have been in services for years to move out of long-term homelessness into appropriate housing, with sufficient supports to help them maintain their homes.

At the same time, taking into account the difficulties in exact quantification, it is very useful to have some idea of the scale of the problem in order to be able to plan sufficient responses to it. The following estimates cover the period 2006–2008.

Approximately 1,650 households were experiencing homelessness in January 2006. In addition, based on presentations to the Homeless Persons Unit in 2005, it can be estimated that 1,500 households will present as newly homeless each year. This totals 4,500 newly homeless households over the period 2006–2008. Thus, the total number of households that will need housing over the period totals 6,150 – although different housing types will be suitable for different households, and some households will present with additional health or other problems that will require resolution to enable them to maintain their tenancy/housing. The following table summarises the level of need that these households are likely to have and the appropriate housing outcomes.

| Estimated number of households | Estimated level of support need | Appropriate housing type | Planned outcomes and supports |
|--------------------------------|---|--|---|
| 1,750 | None to low support needs | Any | Outcomes Return to family home Private Rented Supports Advice/information Advocacy Rent Deposit Rent Supplement Rental Accommodation Scheme Access housing unit Tenancy Sustainment/Community settlement |
| 2,200 | Moderate support needs | 50% Any 50% Social housing | Outcomes Return to family home Private Rented Local authority social housing Housing association social housing Supports Advice/information Advocacy Rent Deposit Rent Supplement Rental Accommodation Scheme Access housing unit Transitional programmes Tenancy Sustainment/Community settlement Visiting support |
| 2,200 | High support needs | 97–98% Social housing 2–3% High support housing | Outcome Local authority social housing Housing association social housing High support housing Supports Transitional programmes Tenancy Sustainment/Community settlement Visiting support Care staff (high support housing) |
| 6,150 | Number of households who will be homeless during the period 2006–2008 | | |

The Homeless Persons Unit estimates that one third of newly homeless households have no support needs other than a housing need. The Homeless Agency estimates that at least 150 of those households who were homeless in January 2006 also have no support needs other than a housing need. This totals 1,750 households (who will be homeless during the period 2006–2008) who will have no or low support needs. Many of these households will return to the family home or access private rented accommodation (possibly with welfare support). In addition, in 2007, RAS pilot schemes already in place should provide housing for 150 households.

The Homeless Persons Unit estimates that one third of newly homeless households have moderate support needs in addition to their housing needs. This includes issues such as mental health and addiction. The Homeless Agency estimates that 750 of the 1,650 households who were homeless in January 2006 have moderate support needs. This totals 2,200 households (who will be homeless during the period 2006–2008) who will have moderate support needs. Some of these households will be able to return home or access private rented accommodation after a period of time when their personal crisis and support needs have been initially addressed. Others will require the stability provided by social housing (whether provided by a local authority or a voluntary housing association).

Finally, the Homeless Persons Unit estimates that one third of newly homeless households have high support needs in addition to their housing needs. The Homeless Agency also estimates that 750 of the 1,650 households who were homeless in January 2006 have high support needs. This totals 2,200 households (who will be homeless during the period 2006–2008) who will have high support needs. All of these households will require support to overcome a crisis period and to stabilise them sufficiently that they can maintain long-term housing. Some will require ongoing support to maintain their homes. Social housing will be required for almost all households with high support needs. A very small number of these households (estimated at 2–3%) will require high support housing due to old age or severe deterioration of their physical or mental health and ability to look after themselves.

It is important to recognise that the vast majority of homeless households are single person households. As such, there needs to be awareness among social housing providers that a proportion of social housing must be provided for single person households whose support needs are such that they are incapable of maintaining tenancies in the private rented sector.

The above estimates are just that, estimates of the housing need of homeless households for the period 2006–2008. The study in 2007 will supply a much stronger evidence-base for a more exact estimation of need. Meanwhile, it is possible to tentatively examine the likely provision of housing over the period 2006–2008 to see to what extent homeless households will be housed in appropriate long-term housing with whatever supports are required.

Over the period 2006–2008, an estimated 2,850 homeless households will require assistance to return to a family home or else will require housing in the private rented sector. A range of services exist that assist households to achieve these outcomes.

Over the same period, an estimated 3,300 households will require social housing, as well as interventions to address their support needs. A wide range of specialist and mainstream services exist to address the diverse support needs that households typically present with, from mental health, alcohol and drug detox services, to literacy, education, training and employment services. With regard to housing, most of the current Dublin local authority

social and affordable housing Action Plans run from the period 2004–2008. Core action 7 (below) highlights the percentage commitments made by each authority to allocate a minimum level of housing to homeless households.

| Local authority area | Planned allocation of local authority and housing association social housing (2006–2008) | Percentage of units committed to homeless households | Number of units committed to homeless households |
|-----------------------------|---|---|---|
| Dublin City | 7,036 | 33% | 2,345 |
| Dún Laoghaire-Rathdown | 1,764 | 10% | 176 |
| Fingal | 1,300 | c. 8% | c. 104 |
| South Dublin | 2,374 | 10% | 237 |
| Total | 12,474 | | 2,862 |

The figures initially suggest that the local authorities (including housing associations) will be able to provide 87% of homeless households social housing requirements by 2008. That is, 2,862 households out of the estimated 3,300 households in this category should be housed by 2008. However, there are two important caveats that must be highlighted. Firstly, it seems likely that the social and affordable housing Action Plan targets were over-ambitious and will not be reached by the end of 2008. This will reduce the supply of social housing that is allocated to homeless households. Secondly, the current series of plans do not provide for single person households who require social housing due to their non-housing support needs. As such, there is likely to be a shortfall in the number of single person housing units allocated.

It seems likely that, by end-2008, there will be over 1,000 (mostly single person) homeless households who will require social housing. This means that, in order for the Homeless Agency Partnership's vision to be achieved, housing will have to be provided for these households by 2010 – in addition to the housing requirements of households who may become newly homeless in 2009 and 2010.

The study in 2007 will provide the detailed evidence of the continuing housing need of homeless households, especially single person households who require social housing. This evidence will be provided to the local authorities as part of the development of their 2009–2012 social and affordable housing Action Plans. The vision will only be achieved if the local authorities include sufficient housing (especially housing for single person households) in these plans.

Core Actions (Housing and Housing Supports)

7 Local authorities and housing associations to provide social rented housing

The four Dublin local authorities will commit to targets for the provision of social housing, to be sourced from both local authority stocks and housing association stocks, provided directly or under Part V of the Planning and Development Act 2000 (as amended).

Each Dublin local authority has agreed targets for a proportion of their total social housing lettings to be allocated to homeless households.

| Local Authority | % of total social housing lettings to be allocated to homeless households |
|---------------------------------------|---|
| Dublin City Council | 33% (One in three) 20% (One in five single person units) |
| Dún Laoghaire-Rathdown County Council | 10% |
| Fingal County Council | Allocated 8% in 2005 and commits to continuing this trend in allocations to meet the needs of people experiencing homelessness in the Fingal area |
| South Dublin County Council | 10% (committed to housing all households with homeless priority (as of December 2005) by December 2006) |

8 Identify and advocate for the removal of barriers preventing access to private rented accommodation

The Homeless Agency Partnership will identify and advocate for the removal of barriers preventing access to the private rented sector, with particular emphasis on the operation of the rent cap and the corresponding difficulties in sourcing quality affordable accommodation as well as the timing of cases moving from the Homeless Persons Unit. The Homeless Agency Partnership will press for improved enforcement of quality standards in private rented housing as well as for an increase in these standards.

9 Maximise housing provision for people and households through the Rental Accommodation Scheme

The Homeless Agency will work with the Department of Environment, Heritage and Local Government and the four Dublin local authorities to review and evaluate current pilot forms of the Rental Accommodation Scheme (RAS) that target homeless households, and to implement the findings of this evaluation. The Homeless Agency will also seek to maximise access to RAS by homeless households. The targets for providing housing to homeless households under RAS will be set out by each of the four Dublin local authorities.

10 Evaluate and review existing models of long-term housing supports and seek appropriate revenue funding streams for the implementation of best practice in this area for people who have been homeless

The Homeless Agency Partnership will evaluate and review existing models of long-term housing supports and identify models of best practice. This will take account of relevant evaluations and international experience in this area. These models will recognise that a range of housing options is required to respond to the diversity of people's support needs. These options will seek to maximise people's independence, especially their ability to keep their home.

These housing options may include:

- Visiting support – e.g. a regular visitor who monitors someone's support needs, responds appropriately and alerts mainstream/specialist services as soon as they are required.
- Supported housing – e.g. a cluster of self-contained dwellings, together with some communal facilities. A live-in scheme manager will have a similar role to the visiting support.
- High support housing – e.g. residents live in self-contained units or shared accommodation with appropriate on-site staff cover.

The Homeless Agency will work as part of a sub-group of the Cross Departmental Team to develop funding streams for models of housing support that have been identified as best practice. These funding arrangements will provide for visiting support and sheltered housing as well as a number of residential units in line with the need identified through the Holistic Needs Assessment.

Housing and Housing Supports: Additional Actions

- H1** The *Homeless Agency* will conduct research into the number and type of housing units required in order to achieve the vision by 2010 and move all people experiencing long-term homelessness into appropriate long-term housing with whatever supports they need to maintain their homes. A steering group involving the local authorities, health services and the voluntary sector will oversee this work. This research will be completed by the end of 2007, and will be submitted to the four Dublin local authorities for consideration as part of development of their Social and Affordable Housing Action Plans (2009–2012).

- H2** *The Homeless Agency Partnership* will actively support the development and implementation of multi-agency policies and protocols on sex offenders who are homeless.
- H3** *Housing Providers* will ensure that where possible single people, especially those with children who are not living with them full-time, should be accommodated in flats with sufficient bedrooms for them to be able to accommodate family, rather than bedsits.
- H4** *The Homeless Agency Partnership* will support proposals from partners, in particular the *Irish Council for Social Housing*, that aim to simplify the housing association development process.
- H5** *The Homeless Agency Partnership* will consider and support appropriate proposals to resolve the difficulties social housing providers (especially housing associations) face in financing service charges paid by tenants in apartment blocks.
- H6** *Service Providers* will encourage use of Rural Resettlement Ireland and other methods of settlement in county of origin outside of Dublin (such as transfers between local authorities), where service users request this. The *Homeless Agency Partnership* will support this.

Housing and Housing Supports: Specific Local Authority Actions

- H7** *Dublin City Council* and *Dún Laoghaire-Rathdown County Council* will each allocate social housing with transitional support for the variety of target groups identified, based on best practice identified by the Homeless Agency Partnership. (The existing models of transitional support operated by Sophia Housing in Ballymun and Fingal will be included as part of the review of best practice.)
- H8** *Fingal County Council* (with *housing associations*) will continue to develop integrated housing both through local authority allocations and housing association schemes. Fingal will work with the *Health Service Executive* to ensure that specific supports are provided which target the mental health, addiction and dual diagnosis needs of people experiencing homelessness.
- H9** *South Dublin County Council* (with *Focus Ireland*) will provide a new long-term housing development with transitional support (based on best practice identified by the Homeless Agency Partnership) as required.
- H10** *Fingal County Council* (with *Sophia Housing*) will review the transitional service provided in Donabate, based on best practice identified by the Homeless Agency Partnership.
- H11** *Fingal County Council* (with *Sophia Housing*) will expand the current project of visiting transitional housing support in accordance with the presenting need.
- H12** *Fingal County Council* (with *HAIL*) will open a new long-term supported housing facility in Lusk by end-2009.
- H13** *The four Dublin Local Authorities* to continue to provide and/or support the provision of Settlement Services.



Budget 2007–2010

The purpose of this section is to highlight the current level of funding of homeless services and the additional funding that will be required to achieve certain actions in this Action Plan. The short-term additional costs to tackle homelessness should be seen in the context of the benefits of social inclusion as well as an overall reduction in costs to the state that will occur when long-term homelessness and the need to rough sleep are eliminated. For example:

Accommodating homeless households in private emergency accommodation (B&Bs) costs local authorities more than the provision of social housing (with no long-term asset for the state):

- Improper use of Accident and Emergency, as well as exacerbated health problems due to improper accommodation, are an inefficient use of Health Service Executive resources.
- The provision of long-term solutions to homelessness, such as the mainstream provision of visiting support, is less expensive than old models of institutional care (e.g. for people with mental health problems).
- Homelessness exacerbates re-offending by ex-prisoners, perpetuating a cycle of prison and homelessness, with resource implications for the criminal justice, prison and probation systems.
- Homelessness exacerbates and often provides the context where people develop addiction problems, which have resource implications for both the health services and the criminal justice system.

The current range of homeless services is funded as shown in the following table (2006 figures).

| Funding Body | Funded Services | Amount (€) |
|---------------------|---------------------------------|----------------------|
| Homeless Agency* | Emergency Accommodation | €11.4 million |
| | Outreach | €1.2 million |
| | Long-term | €4.3 million |
| | Transitional | €9.3 million |
| | Settlement | €2.3 million |
| | Advice/Information/Food | €4.6 million |
| | Detox/Rehab | €1.4 million |
| | Health | €4.3 million |
| | 'Section 10' housing | €0.8 million |
| | New Services Action Plan | €0.6 million |
| | Sub-Total | €40.2 million |
| Local Authorities | Private emergency accommodation | €13.0 million |
| | Homeless Persons Unit | €1.7 million |
| | One-off capital and other misc. | €1.1 million |
| TOTAL | | €56.0 million |

* The Homeless Agency allocates funds from the Dublin local authorities and Health Service Executive

It must also be noted that the voluntary sector makes a further contribution to the provision of homeless services through their fundraising activities.

Additional Resource Requirements (2007–2010)

Some actions will involve additional capital expenditure and/or human resources.

Core Actions

Three of the ten core actions should be funded out of existing budgets, however the seven others will have resource implications, as follows:

- The expansion of tenancy sustainment could have resource implications (Core 1).
- Ensuring mainstream services are accessible to people who are homeless or at risk of homelessness will have resource implications, especially for the HSE. This should be seen as an ongoing mainstream cost rather than a cost specific to homeless services (Core 2).
- The implementation of an information and awareness strategy will require dedicated resources (Core 3).
- The localisation of certain services will have resource implications – for example, emergency accommodation in Ballyfermot, Ballymun, Clondalkin Fingal, Finglas and Tallaght (Core 5).
- The provision of social housing by local authorities and housing associations will have major financial implications (Core 7).

- The removal of barriers to private rented housing for homeless households may require increased funding from the Department of Social and Family Affairs (Core 8).
- Implementation of a new funding stream for long-term housing supports will have resource implications for the Department of Environment, Heritage and Local Government and the Health Service Executive, however these should be seen as mostly mainstream services not specialist homeless services (Core 10).

Prevention

Twelve of the fifteen prevention actions should be funded out of existing budgets, but three of them will have additional resource requirements, as follows:

- Implementing the recommendations of *A Vision for Change* (P10) has resource implications for the HSE.
- A grants budget for each local forum for the implementation of the preventative strategy (P11) will require additional funds.
- Possible increases in outreach provision (P15) will have funding implications for Dún Laoghaire-Rathdown County Council.

Quality Homeless Services in Local Areas

Twenty-three of the forty-six prevention actions should be funded out of existing budgets, but twenty-three of them will have additional resource requirements, as follows:

- Implementing the recommendations of *Into the Gaff* (S5) requires additional funding for the Probation Service (as outlined in that report).
- The localisation of Homeless Persons Unit services (S6 and S7) will require additional resources.
- Increasing standards in homeless services (S11) will have resource implications.
- Research over the period 2007–2010 (S20) will require specific funding in the Homeless Agency budget.
- Implementing actions 44 and 48 from the National Drugs Strategy (S21) will require HSE funding.
- Linking homeless households with the new primary care teams (S22 and S23) may have resource implications for the HSE.
- Implementing the recommendations of *A Vision for Change* (S26) has resource implications for the HSE.
- Ensuring adequate mental health services for people experiencing homelessness in the Dún Laoghaire-Rathdown area (S27) has resource implications for the HSE.
- The provision of post-hospital respite beds for people who are homeless (S28) will have resource implications for the HSE.
- The provision of long-term supported housing with mental health and alcohol support services in Dublin (North Central) (S32) will have resource implications for Dublin City Council and the HSE.

- The feasibility study in Dublin (North Central) (S33) will require funding from the Homeless Agency budget.
- The development of an accommodation model in Dublin (North West) (S34) will have resource implications for Dublin City Council and the HSE.
- The feasibility study in Ballyfermot (S36) will require funding from the Homeless Agency budget.
- Research into the education needs of homeless adults in Dún Laoghaire-Rathdown (S38) may have resource implications for the VEC.
- The needs/feasibility study into a women's refuge in Dún Laoghaire-Rathdown (S39) may have resource implications for Dún Laoghaire-Rathdown County Council.
- Research into the housing need of people both homeless and actively using drugs/on methadone in Dún Laoghaire-Rathdown (S40) will have resource implications for Dún Laoghaire-Rathdown County Council.
- The piloting of emergency accommodation in Fingal (S41) will have funding implications for Fingal County Council.
- The development of a women's refuge in Fingal (S42) will have funding implications for Fingal County Council and the HSE.
- The relocation of BOND's premises in Fingal (S44) may require additional capital funding from Fingal County Council.
- The provision of emergency assessment accommodation in South Dublin (S45 and S46) will require additional capital funding from South Dublin County Council.

Housing and Housing Supports

Eight of the thirteen housing and housing supports actions should be funded out of existing budgets, but five of them will have additional resource requirements, as follows:

- The provision of social housing with transitional support in Dublin City and Dún Laoghaire-Rathdown (H7) will require additional funding from the Homeless Agency.
- The continued provision of integrated housing in Fingal (H8) will have cost implications for Fingal County Council and the HSE.
- Transitional support for a new long-term housing development in South Dublin (H9) will require additional funding from the Homeless Agency.
- Transitional support in Fingal (H10 and H12) will require additional funding from the Homeless Agency.



Local Authority and Health Service Executive Actions

The Government's *Homelessness: An Integrated Strategy* requires that local authorities produce an Action Plan every three years, in partnership with the Health Service Executive and other relevant voluntary and statutory stakeholders, for the delivery of services and the provision of accommodation for people experiencing homelessness.

The Homeless Agency Partnership Action Plan satisfies this requirement for the four Dublin local authorities. This section summarises the specific commitments made by each local authority under the three strategic aims. The full detail of these commitments is given in Sections 5, 6 and 7.

As well as the local authority actions, as the Health Service Executive (HSE) is such an important provider of both specialist and mainstream services, a summary of its specific commitments is also given. The Homeless Persons Unit (HPU) is a specialist service run by the HSE on behalf of the four Dublin local authorities.

In addition to the actions listed below, it is important to bear in mind that the four Dublin local authorities and the HSE are also full members of the Homeless Agency Partnership. As such, they also share responsibility for the implementation of all of the actions in the plan, even where they are not lead agencies.

Core = Core Actions across all three strategic aims

P = Additional Prevention actions

S = Additional Quality Homeless Services in Local Areas actions

H = Additional Housing and Housing Support actions

All Four Dublin Local Authorities

- Core 1** Identify people and households at risk of homelessness and intervene appropriately with a co-ordinated multi-agency approach
 - Core 5** Continue the localisation of mainstream and specialist homeless services
 - Core 7** Local authorities and housing associations to provide social rented housing
 - Core 9** Maximise housing provision for people and households through the Rental Accommodation Scheme
 - Core 10** Evaluate and review existing models of long-term housing supports and seek appropriate revenue funding streams for the implementation of best practice in this area for people who have been homeless
-
- P2** *The four Dublin Local Authorities* will further develop referral protocols with tenancy sustainment services, to homeless-proof estate management services (e.g. link estate management with tenancy sustainment services) and to develop links between local authority Rent sections and tenancy sustainment services to minimise the risk of households becoming homeless. This will include agreed procedures to deal with individuals and families at risk of eviction from local authority housing, and for those evicted. One aspect of this will be seeking court orders to deduct rent at source of income.
 - P3** *The Homeless Agency Partnership* will identify and agree the continuum of care to be provided by settlement and tenancy sustainment services throughout the life of the Action Plan 2007–2010, including taking account of the findings and recommendations from the evaluation of these services in 2007. The *Health Service Executive* and the *four Dublin Local Authorities* will agree and implement a settlement strategy.
 - P4** The *Health Service Executive, Prison Service, Probation Service, the four Dublin Local Authorities, Homeless Services* and the *Asylum Seekers Unit* will agree joint protocols for interagency work to identify individuals and families at risk of homelessness, and to put in place Care and Case Management to prevent them from becoming homeless. These will include protocols for people prior to release from state care and institutions including residential childcare, prisons, hospitals and psychiatric services, as well as people moving out of direct service provision (asylum seekers).
 - P5** The *Health Service Executive* with the *four Dublin Local Authorities, voluntary bodies, Department of Education* and *Department of Social and Family Affairs* will establish a high-level management structure, or work within an existing structure, to coordinate education, health, welfare and developmental needs of children and families resident in temporary/private emergency accommodation, especially children made homeless by way of their families.
 - P6** *The four Dublin Local Authorities* will implement the recommendation set out in the review of Government strategy, that households only stay short-term (less than six months) in private emergency accommodation.

- P8** *The Homeless Agency, the four Dublin Local Authorities, Health Service Executive and all homeless services* will develop more effective mechanisms to collect, collate and share information (subject to Data Protection) on individuals and families presenting as homeless to ensure more integrated service provision, including through:
- f)** 100% usage of the Homeless Agency's LINK client database
 - g)** Integrating client databases across the homeless services sector including those maintained by statutory and voluntary sector homeless services such as the Homeless Persons Unit's Assessment and Care and Case Management database
 - h)** Implementing the social work information system to collect data on child protection and the safeguarding of children resident in homeless and private emergency services
 - i)** Implementation of the Homeless Agency's sectoral induction website and linking websites across homeless services
 - j)** Developing and providing information in both suitable language (based on National Adult Literacy Agency guidelines) and different languages (to meet the needs of new communities to Ireland who may experience homelessness)
- P12** All eight *Local Homeless Forums* will develop and implement specific prevention initiatives as part of the implementation plans for their local areas.
- P13** *The four Dublin Local Authorities* will continue tenancy sustainment services and housing welfare services.
- S3** *The Homeless Persons Unit, the four Dublin Local Authorities and all homeless services* will complete assessments of need and Care and Case Management plans in a coordinated and streamlined way to ensure a comprehensive and accurate outcome for people using services. The HPU will undertake initial assessments and make them available to other services, which will conduct the Holistic Needs Assessment.
- S4** *The four Dublin Local Authorities and Homeless Persons Unit* will develop a joint protocol and process for the assessment and case management of people presenting from the local area, including a follow-up with people who present to the HPU but who do not register on that local authority's housing list. *Dublin City Council* to develop and implement this protocol in each of its functional areas.
- S10** *Homeless Services* will assess all long-term residents in emergency and transitional accommodation by end-2007, with care plans to be put in place as well. This work will be linked with the settlement and tenancy sustainment strategy for Dublin.
- S14** *The four Dublin Local Authorities* will clarify and co-ordinate a shared definition of homelessness, in consultation with voluntary service providers and the *Health Service Executive*, including consideration of issues relevant to domestic violence, in relation to the policy and practice relevant to applications from homeless people for priority on local authority housing lists.

- S15** *The Homeless Agency Partnership* will work with mainstream and specialist homeless services to identify and remove persistent barriers to accessing mainstream and specialist services. Including:
- Barriers to people at risk of homelessness.
 - Barriers to people currently experiencing homelessness, including those from AC12 and other states.
 - Barriers to individuals and families moving out of homelessness.
- S19** *The four Dublin Local Authorities* and the *Health Service Executive* will agree a plan for the implementation of the review of women's refuge services in local areas.
- S30** *The four Dublin Local Authorities* will continue to provide ongoing administrative support to their local area homeless forum(s). In the case of *Dublin City Council*, initiatives from each of the five Dublin City local area forums will be agreed and signed off as part of one over-arching plan for Dublin City.
- H1** *The Homeless Agency* will conduct research into the number and type of housing units required in order to achieve the vision by 2010 and move all people experiencing long-term homelessness into appropriate long-term housing with whatever supports they need to maintain their homes. A steering group involving the local authorities and the voluntary sector will oversee this work. This research will be completed by the end of 2007, and will be submitted to the four Dublin local authorities for consideration as part of development of their Social and Affordable Housing Action Plans (2009–2012).
- H3** *Housing Providers* will ensure that where possible single people, especially those with children who are not living with them full-time, should be accommodated in flats with sufficient bedrooms for them to be able to accommodate family, rather than bedsits.
- H5** *The Homeless Agency Partnership* will consider and support appropriate proposals to resolve the difficulties social housing providers (especially housing associations) face in financing service charges paid by tenants in apartment blocks.
- H13** *The four Dublin Local Authorities* to continue to provide and/or support the provision of Settlement Services.

Dublin City Council

- S31** *Dublin City (Central, South Central and South East)* will develop an initiative to identify any gaps in the current provision of day and outreach services to people experiencing homelessness who congregate in the city centre through the implementation of the findings from the Rapid Needs Assessment.
- S32** *Dublin City (North Central)* will develop long-term supported housing, integrated with mental health and alcohol support services.
- S33** *Dublin City (North West)* will carry out a feasibility study to ensure access to local services in Finglas rather than those in the city centre, and implement its findings.

- S34** *Dublin City (North West)* to support the work commissioned by the Ballymun Homeless Forum aimed at developing a suitable model to meet the local accommodation and holistic care needs of those experiencing homelessness. Dublin City (North West) to support the early implementation of recommended actions and to implement this model through location of sites, securing funding routes and channels and commitment from key stakeholders.
- S35** *Dublin City (North West)* (with *Depaul Trust*) will continue the alcohol outreach service in Ballymun and will evaluate this service.
- S36** *Dublin City (South Central)* will carry out a feasibility study to ensure access to local services in Ballyfermot rather than those in the city centre, and implement its findings.
- H7** *Dublin City Council* and *Dún Laoghaire-Rathdown County Council* will each allocate social housing with transitional support for the variety of target groups identified, based on best practice identified by the Homeless Agency Partnership. (The existing models of transitional support operated by Sophia Housing in Ballymun and Fingal will be included as part of the review of best practice.)

Dún Laoghaire-Rathdown County Council

- P15** *Dún Laoghaire-Rathdown County Council* will establish the extent/remit of existing outreach services (e.g. Barnardos, family support workers). On the basis of this study, the current outreach service will be expanded as necessary/appropriate.
- S6** *The Homeless Persons Unit* and *Dún Laoghaire-Rathdown County Council* will review and expand the clinic hours of the Homeless Persons Unit project.
- S37** *Dún Laoghaire-Rathdown County Council* (with the *Health Service Executive* and *Crosscare*) will continue West Pier Project for Travellers with high support needs.
- S38** *Dún Laoghaire-Rathdown County Council* (with the *Vocational Education Committee*) will undertake research into the education needs of homeless adults, and implement the findings.
- S39** *Dún Laoghaire-Rathdown County Council* (with the *Health Service Executive*) will perform a needs/feasibility study on the need for a women's refuge, and implement the findings.
- S40** *Dún Laoghaire-Rathdown County Council* (with the *Health Service Executive*) will examine the housing need of people experiencing homelessness and actively using drugs/on methadone programmes within the area, and respond accordingly.
- H7** *Dublin City Council* and *Dún Laoghaire-Rathdown County Council* will each allocate social housing with transitional support for the variety of target groups identified, based on best practice identified by the Homeless Agency Partnership. (The existing models of transitional support operated by Sophia Housing in Ballymun and Fingal will be included as part of the review of best practice.)

Fingal County Council

- S41** *Fingal County Council* will pilot local placements in one of the private emergency accommodation services in the area, and implement the findings of this pilot study.
- S42** *Fingal County Council* (with the *Health Service Executive*) to support and fund the development of a women's refuge in Blanchardstown.
- S43** *Fingal County Council* (with *Threshold*) will provide a weekly local information and advice clinic.
- S44** *Fingal County Council* (with *BOND*) will relocate the premises of BOND's transitional housing facility.
- H8** *Fingal County Council* (with *housing associations*) will continue to develop integrated housing both through local authority allocations and housing association schemes. Fingal will work with the *Health Service Executive* to ensure that specific supports are provided which target the mental health, addiction and dual diagnosis needs of people experiencing homelessness.
- H10** *Fingal County Council* (with *Sophia Housing*) will review the transitional service provided in Donabate, based on best practice identified by the Homeless Agency Partnership.
- H11** *Fingal County Council* (with *Sophia Housing*) will expand the current project of visiting transitional housing support in accordance with the presenting need.
- H12** *Fingal County Council* (with *HAIL*) will open a new long-term supported housing facility in Lusk by end-2009.

South Dublin County Council

- P14** *South Dublin* will continue outreach service and will work closely with existing housing welfare and social work teams (e.g. settlement) in particular in Tallaght/Clondalkin.
- S45** *South Dublin County Council* will provide a 10/12-bed emergency assessment accommodation as part of the Respond/St John of God development in Tallaght by end-2009.
- S46** *South Dublin County Council* will provide a 10-bed emergency assessment accommodation in Clondalkin by end-2007/early-2008.
- H9** *South Dublin County Council* (with *Focus Ireland*) will provide a new long-term housing development with transitional support (based on best practice identified by the Homeless Agency Partnership) as required.

Health Service Executive

- Core 2** Ensure access to mainstream health services and other services for people and households at risk of homelessness
- Core 4** Implement the Holistic Needs Assessment and the Care and Case Management approach across the homeless services sector
- Core 10** Evaluate and review existing models of long-term housing supports and seek appropriate revenue funding streams for the implementation of best practice in this area for people who have been homeless

- P3** *The Homeless Agency Partnership* will identify and agree the continuum of care to be provided by settlement and tenancy sustainment services throughout the life of the Action Plan 2007–2010, including taking account of the findings and recommendations from the evaluation of these services in 2007. The *Health Service Executive* and the *four Dublin Local Authorities* will agree and implement a settlement strategy.
- P4** The *Health Service Executive, Prison Service, Probation Service, the four Dublin Local Authorities, Homeless Services* and the *Asylum Seekers Unit* will agree joint protocols for interagency work to identify individuals and families at risk of homelessness, and to put in place Care and Case Management to prevent them from becoming homeless. These will include protocols for people prior to release from state care and institutions including residential childcare, prisons, hospitals and psychiatric services, as well as people moving out of direct service provision (asylum seekers).
- P5** The *Health Service Executive* with the *four Dublin Local Authorities, voluntary bodies, Department of Education* and *Department of Social and Family Affairs* will establish a high-level management structure, or work within an existing structure, to coordinate education, health, welfare and developmental needs of children and families resident in temporary/private emergency accommodation, especially children made homeless by way of their families.
- P7** The *Health Service Executive* is currently rolling out the population health assessments of need, as part of the work of the primary healthcare teams. This will take account of all sections of society, including the needs of people who are experiencing homelessness.
- P8** The *Homeless Agency, the four Dublin Local Authorities, Health Service Executive* and *all homeless services* will develop more effective mechanisms to collect, collate and share information (subject to Data Protection) on individuals and families presenting as homeless to ensure more integrated service provision, including through:
- a)** 100% usage of the Homeless Agency's LINK client database
 - b)** Integrating client databases across the homeless services sector including those maintained by statutory and voluntary sector homeless services such as the Homeless Persons Unit's Assessment and Care and Case Management database
 - c)** Implementing the social work information system to collect data on child protection and the safeguarding of children resident in homeless and private emergency services
 - d)** Implementation of the Homeless Agency's sectoral induction website and linking websites across homeless services
 - e)** Developing and providing information in both suitable language (based on National Adult Literacy Agency guidelines) and different languages (to meet the needs of new communities to Ireland who may experience homelessness)
- P10** The *Health Service Executive* is implementing the recommendations and findings in *A Vision for Change* as part of Government strategy, and will ensure the full implementation of those recommendations relevant to people experiencing homelessness.

- S14** *The four Dublin Local Authorities* will clarify and co-ordinate a shared definition of homelessness, in consultation with voluntary service providers and the *Health Service Executive*, including consideration of issues relevant to domestic violence, in relation to the policy and practice relevant to applications from homeless people for priority on local authority housing lists.
- S15** *The Homeless Agency Partnership* will work with mainstream and specialist homeless services to identify and remove persistent barriers to accessing mainstream and specialist services. Including:
- Barriers to people at risk of homelessness;
 - Barriers to people currently experiencing homelessness, including those from AC12 and other states;
 - Barriers to individuals and families moving out of homelessness.
- S18** The *Health Service Executive* is currently developing an intercultural strategy to ensure equality of access to all health services regardless of ethnic or cultural background. The *Homeless Agency* will feed into the development of the Strategy and ensure that homeless services are supported in its implementation.
- S19** *The four Dublin Local Authorities* and the *Health Service Executive* will agree a plan for the implementation of the review of women's refuge services in local areas.
- S21** *The Health Service Executive* will implement actions 44 and 48 from the National Drugs Strategy:
- "Action 44: To have immediate access for drug misusers to professional assessment and counselling by health services, followed by commencement of treatment as deemed appropriate, not later than one month after assessment."
- "Action 48: To have in place, in each local area health office, a range of treatment and rehabilitation options as part of a planned programme of progression for each drug misuser, by end 2002. This approach will provide a series of options for the drug misuser, appropriate to his/her needs and circumstances and should assist in their re-integration back into society"
- S22** The *Health Service Executive* will expand and improve the coordination of primary services through the network of GPs working with homeless households and individuals on the north side and south side of the city, including development of an information system to improve client tracking.
- S23** The *Health Service Executive* will continue a primary healthcare approach through the existing specialist multi-disciplinary health-link teams and the new primary care teams as they are established over the coming years. The social inclusion section of the HSE will work with the national steering group and the local co-ordinators for the primary care teams to ensure that issues of access to services by homeless people are addressed.
- S24** The *Health Service Executive* will continue the specialist dental services.
- S25** *The Health Service Executive and the National Drugs Strategy Team* (with the *Department of Community, Rural and Gaeltacht Affairs*) will develop a national plan for the expansion of detox and rehabilitation services for active drug users, arising from the recommendations from consultations currently taking place.

- S26** The *Health Service Executive* is currently implementing recommendation 15.2.5 in *A Vision for Change* that “The community mental health team with responsibility and accountability for the homeless population in each catchment area should be clearly identified. Two multi-disciplinary community based mental health teams should be provided, one in North Dublin and one in South Dublin, to provide a mental health service to the homeless population.” The teams will be resourced with a crisis house and accommodation in a community mental health centre, and will be provided with day centres/hospitals as required. Note: the area covered by these North Dublin and South Dublin services cover the local authority areas of Dublin City, Fingal and South Dublin.
- S27** The *Health Service Executive* will continue to ensure access to appropriate mental health services for people experiencing homelessness in the Dún Laoghaire-Rathdown area.
- S28** The *Health Service Executive* will implement its plans to provide respite beds for people who are homeless to prevent inappropriate use of Accident and Emergency services as well as to support people to recuperate following acute hospital stay.
- S29** The *Health Service Executive (East)* will review the resources for the co-ordination of social inclusion in the Dublin Mid-Leinster HSE area to ensure that the available resources will adequately support the localisation of homeless services in the four Dublin local authority areas.
- S37** *Dún Laoghaire-Rathdown County Council* (with the *Health Service Executive* and *Crosscare*) will continue West Pier Project for Travellers with high support needs.
- S39** *Dún Laoghaire-Rathdown County Council* (with the *Health Service Executive*) will perform a needs/feasibility study on the need for a women’s refuge, and implement the findings.
- S40** *Dún Laoghaire-Rathdown County Council* (with the *Health Service Executive*) will examine the housing need of people experiencing homelessness and actively using drugs/on methadone programmes within the area, and respond accordingly.
- S42** *Fingal County Council* (with the *Health Service Executive*) to support and fund the development of a women’s refuge in Blanchardstown.
- H8** *Fingal County Council* (with *housing associations*) will continue to develop integrated housing both through local authority allocations and housing association schemes. Fingal will work with the *Health Service Executive* to ensure that specific supports are provided which target the mental health, addiction and dual diagnosis needs of people experiencing homelessness.

Homeless Persons Unit

- S3** *The Homeless Persons Unit, the four Dublin Local Authorities and all homeless services will complete assessments of need and Care and Case Management plans in a coordinated and streamlined way to ensure a comprehensive and accurate outcome for people using services. The HPU will undertake initial assessments and make them available to other services, which will conduct the Holistic Needs Assessment.*
- S4** *The four Dublin Local Authorities and Homeless Persons Unit will develop a joint protocol and process for the assessment and case management of people presenting from the local area, including a follow-up with people who present to the HPU but who do not register on that local authority's housing list. Dublin City Council to develop and implement this protocol in each of its functional areas.*
- S6** *The Homeless Persons Unit and Dún Laoghaire-Rathdown County Council will review and expand the clinic hours of the Homeless Persons Unit project.*
- S7** *The Homeless Persons Unit will provide regular referral and placement services in local areas to be rolled out over 2007. People experiencing homelessness will be able to access their local Community Welfare Officer.*
- S8** *The Homeless Persons Unit and Homeless Agency will review the operation of the Homeless Persons Unit's "housing first" approach of providing households with rent deposits as an immediate response to presentation as homeless. This review will examine long-term outcomes and will seek the expansion or enhancement of this policy if it is successful.*
- S9** *The Homeless Persons Unit (HPU), Asylum Seekers Unit (ASU) and Homeless Agency will review the accessibility of services to non-English-speakers (e.g. the use of the ASU versus the HPU).*



The Work of the Homeless Agency 2007–2010

Role of the Homeless Agency Staff

The executive of the Homeless Agency comprises a director and staff who are responsible to ensure the implementation of the Action Plan for Dublin 2007–2010. This role involves monitoring the implementation of the plan as well as carrying out actions allocated directly to the Homeless Agency staff. The Homeless Agency will develop a fully detailed work plan for the period 2007–2010.

In addition, the Homeless Agency will initiate a process of planning for post-2010, taking into account the development of local homeless forums and the planned establishment of the National Homeless Consultative Committee as recommended in the recent review of Ireland's national homeless strategies. This work will commence in the latter half of 2007 and will be guided by a steering group.

All the work of the Homeless Agency staff compliments that undertaken by the Board, Consultative Forum and other bodies that form part of the participatory structure. It provides the administrative structure and support necessary for the Homeless Agency Partnership to function.

Its key areas of responsibility include:

- Leading policy formulation and implementation
- Managing and coordinating the quality and range of services available to address homelessness
- Developing and monitoring quality standards
- Evaluating services and implementing systemic changes and improvements
- Researching and disseminating information on the causes of and responses to homelessness
- Responding to training and developmental needs within the homeless services sector
- Submitting annual budget estimates to Government and administering funding allocations.

The Homeless Agency executive reports, through the Board, to the Cross Departmental Team on Homelessness, which in turn reports to the Minister for Housing and Urban Renewal and to the Cabinet Subcommittee on Social Inclusion, chaired by the Taoiseach. An advisory body, the Consultative Forum, which comprises statutory and voluntary sector members also reports to the Board whose key responsibility includes development and implementation of the Action Plans for Dublin.

Staff of the Homeless Agency and Team Structure

The Homeless Agency's full staff compliment is fourteen, although this level of staffing has only been reached since 2006. After internal restructuring in 2006, the work of the agency is divided among several 'teams', whose business plans for 2007–2010 are given below.

Management Team

The core tasks of this team are:

- Monitor and evaluate the Action Plan as it is implemented.
- Provide strategic leadership and support to all relevant agencies in their planning for the provision of services to homeless people.
- Implement and maintain an effective Management Information System to inform the Board in their determination of strategy and policy.
- Maximise the synergies which can be achieved through close working relationships between all statutory and voluntary bodies involved in homelessness services.
- Involve partners and stakeholders in the planning, review and improvement of services.
- Ensure that service users become a key stakeholder within the participation structures of the Homeless Agency.
- Identify gaps or overlaps in services and put forward recommendations to improve the effectiveness of services.
- Formulate recommendations for the Board's consideration, to relevant Government Departments in relation to funding for homeless services.
- Ensure that agreed funding arrangements operate effectively and equitably among all participating bodies.
- Develop and continuously improve the standards required for Service Level Agreements.
- Produce an annual timetable of the meetings of the Board, Consultative Forum, Assessment Panel, Network and all other participatory structures.
- Develop the strategy for the future of the Homeless Agency and homeless services post-2010.
- Review the role of the Consultative Forum and appoint a new chair.
- Ongoing contribution to and influencing of Government policy and practice.
- Produce the governance manual for the Homeless Agency Partnership and ensure ongoing compliance.
- Involve other key agencies in the Homeless Agency Partnership e.g. the Department of Social and Family Affairs.
- Identify emerging needs, new sources of homelessness and responses.

- Develop complaints and appeals procedure and exclusions and evictions protocols for homeless persons resident in temporary and private emergency accommodation.
- Review the effectiveness of local area forums including their terms of reference and capacity to undertake preventative work.
- Manage, supervise and support the Homeless Agency team in their work in their key areas.
- Recruit, lead, motivate and manage the performance of staff within the Agency.

Communications and Information Team

The core tasks of this team are:

- Co-ordinate two way communication between the Homeless Agency and voluntary and statutory organisations working in the homeless sector.
- Devise and implement an information programme for people who are homeless or at risk of homeless.
- Implement a communication strategy to improve public awareness of homelessness in Dublin and responses to it.
- Manage liaison with the press/media in relation to the provision of accurate and balanced information and also building on the profile of the Homeless Agency
- Publish CornerStone (quarterly) and Update (bi-monthly).
- Maintain the Homeless Agency website.
- Administer the Information Network.
- Manage the Homeless Agency's library of research and reports relevant to homelessness.
- Manage the Homeless Agency's database of contacts/homeless services.
- Update the Homelessness Directory and mapping homeless services.
- Develop a Sectoral Induction programme and website (with Learning and Performance Team).
- Produce annual reports and other publications.
- Map the continuum of services available within the homeless services and related services sectors (with Research and Information Team).

Finance Team

The core tasks of this team are:

- Co-ordinate and deliver the annual budget to services.
- Agree Service Level Agreements with funded services.
- Monitor and review the terms of Service Level Agreements (with Research and Information Team).
- Manage the internal budget, invoicing and petty cash of the Homeless Agency.
- Monitoring Services Funding through collation and analysing of Quarterly Returns.
- Servicing/Facilitation of Homeless Agency's Funding Assessment Panel.
- Requesting and processing of Expressions of Interest for New and Expanded Services on an Annual basis.

Learning and Performance Team

The core tasks of this team are:

In consultation with the Learning and Performance Network to plan, organise and develop:

- A full range of training modules ('The Learning and Performance Programme') for frontline staff working within the homeless services sector.
- 'Bite-Sized Learning' and information sessions for frontline staff working throughout the sector.
- Cross Sector training initiatives.
- A sectoral managers programme (initial development funded through 'The Wheel Training Links Programme').
- An online Sectoral Induction Programme (In conjunction with the Communications and Information Team).

In conjunction with the sector, (i.e. the Learning and Performance Network, steering group, consultants and jobholders):

- To rollout the Homeless Services Sector Competency Framework.
- To work to integrate the framework into all processes of the staff work life cycle beginning with the recruitment and selection processes.

Other tasks:

- Ongoing administration of sectoral training, including bookings, payments, post module assessments, communication throughout the sector, hiring trainers, facilities management, etc.
- Organise periodic training initiatives as required for staff working in Parkgate Hall.
- Chair and administration of the Training, Education and Employment Network.
- Administration of the Family Network.
- Co-Ordination of the Service User Participation Pilot.
- Homeless Agency representatives for the Parkgate Hall Health and Safety Team.

Research and Information Team

The core tasks of this team are:

- Monitor and report regularly on the level of homelessness in Dublin and the work of services to tackle homelessness (i.e. service quarterly reports and key performance indicators).
- Monitor and review the terms of Service Level Agreements (with Finance Team).
- Conduct periodic research and oversee research commissioned by the Homeless Agency.
- Development of the Action Plan and other strategic/policy documents.
- Develop training and promote usage of the Dublin LINK system (shared database between services).

- Coordinate the next assessment of homelessness (*Counted In*) to take place in 2008.
- Background work on Homeless Directory.
- Map the continuum of services available within the homeless services and related services sectors (with Communication and Information Team).

Service Integration and Networks Team

The core tasks of this team are:

- Coordinate and support the Homeless Agency's Emergency Network, Emergency Accommodation Providers Network and the Joint Meetings of these networks.
- Support the Transitional and Settlement Networks.
- Facilitate policies and practices, identifying barriers and proposing services within these services and networks.
- Coordinate provision of sleeping bags to Emergency Outreach Teams.
- Develop and/or support working groups, including the Women's Services Development Group and the Multi-Agency Group on Sex Offenders.
- Provide support to external groups in relation to Care and Case Management, such as the Depaul Trust Ballymun Case Management Team, the Progression Routes Initiatives, the Ana Liffey Homelessness and Drugs Policy Initiative, Liberty Parks Case Management Project, the Homeless Men Leaving Prison Case Management Project, etc.
- Respond to emerging needs within the homeless sector.
- Develop policy initiatives (e.g. exclusions policy).
- Develop and roll out the Holistic Needs Assessment and Care Planning process to the homeless services sector, including:
 - a) Training for Trainers
 - b) A one-day training course for project workers and those involved in assessment
 - c) Support to services around the implementation of the assessment tool
- Oversee the development and implementation of a Care and Case Management Strategy for the homeless services sector, including:
 - a) Training for case managers
 - b) Development of a suite of tools to support the case management process
 - c) Support to services
- Identify gaps and blocks that become apparent through the Holistic Needs Assessment and Care and Case Management processes
- Develop policy proposals to respond to these gaps and blocks.



Key Performance Indicators

This Action Plan contains 10 core actions and 74 additional actions. The Homeless Agency will have the task of monitoring and reviewing progress on each of these actions. However, it is not feasible to conduct research into the specific impact of most of these actions. Instead, progress on the actions will be determined by overall progress towards achieving the vision and three strategic aims of the Homeless Agency Partnership.

The 'key performance indicators' were developed to show progress in achieving the vision and the strategic aims that underpin the vision. These are listed in Section 3. The following explanations are given to show how these indicators will be measured, including reference to currently available statistics where these are available. Where there is a lack of available data, the Homeless Agency will conduct research to ensure that the indicators are measured.

Vision

■ How many people are experiencing homelessness?

This is a central indicator to show the overall impact of homeless services.

Data sources: Homeless Persons Unit (presentation of new and repeat homelessness), Dublin LINK (people accessing homeless services), Counted In (periodic assessment of number of people in homeless services and on local authority lists), and other reports and records from homeless services and state institutions (e.g. local authority assessment of housing need).

■ How many people are experiencing long-term homelessness?

This is the most important indicator to show whether the vision is being achieved. The target is to reduce this figure to zero by end-2010.

Data sources: as above.

- **What is the duration of people's experience of homelessness?**

This will include whether households are newly homeless or previously homeless, and the number and duration of previous experiences of homelessness (if applicable).

Data sources: as above.

- **How many people are sleeping rough?**

This will include the profile of households, the local area where they are from and the areas where they typically sleep rough.

Data sources: as above, plus review of outreach team contacts and occasional street counts.

- **How many rough sleepers cannot access appropriate emergency accommodation? And why?**

This will specify the barriers to accessing emergency accommodation, in relation to both the capacity of the sector to meet the needs of rough sleepers as well as individuals barred or excluded from otherwise suitable accommodation.

Data sources: Dublin LINK (for exclusions), surveys of rough sleepers/outreach teams, Holistic Needs Assessment/Care Plans (anonymous aggregate statistics).

Prevention

- **How many people are becoming homeless every year? And why?**

This is the key indicator to show achievement of the key strategic aim to prevent homelessness.

Data sources: Homeless Persons Unit (new presentations), Dublin LINK (new files).

- **How many repeat cases of homelessness occur every year?**

This indicator shows where people's needs may not be met by existing services or whether their move on from homelessness is vulnerable to relapse into homelessness.

Data sources: Homeless Persons Unit (repeat presentations), Dublin LINK (reactivated files).

- **How many people move directly into homelessness from prison release, hospital/care discharge or direct service provision (asylum seekers)?**

This shows the success of prevention initiatives aimed at particular 'at risk' groups.

Data sources: Homeless Persons Unit, reports/statistics from state institutions.

- **How many people in state institutions are at risk of homelessness upon release/discharge?**

This is a count of one part of the 'hidden homeless' population. This information is important to focus prevention initiatives to where they are needed.

Data sources: Homeless Persons Unit, reports/statistics from state institutions.

- **How many people are being prevented from homelessness through visiting support services?**

One aspect of prevention is the ongoing work by certain services to ensure that vulnerable households do not become homeless. This indicator is important to show the extent of this work and to ensure that its importance is recognised.

Data sources: Reports from visiting support services.

Quality Homeless Services in Local Areas

- **How many people are homeless in each local area?**

This information is important to determine the demand for the localisation of homeless services. This indicator will measure both where people are currently staying and where they are originally from.

Data sources: Homeless Persons Unit, Dublin LINK, Counted In, monthly/quarterly reports from services.

- **What are the demographic profile and support needs of people experiencing homelessness in each local area?**

This will include the profile (such as household type, gender, age and number of dependents) of households experiencing homelessness as well as measurements of their support needs (such as health services, mental health services, addiction services and education/training). This information will be compiled for each local area in Dublin in order to plan the appropriate level of service provision in each area.

Data sources: Dublin LINK and Holistic Needs Assessment/Care Plans (anonymous aggregate statistics).

- **How many people are barred or excluded from accommodation and/or support services in each local area? And why?**

This indicator is key to ensuring that services that exist are appropriate to deal with the presenting needs in each area, especially for service users with acute support needs or who manifest challenging behaviour.

Data sources: Dublin LINK, Holistic Needs Assessment/Care Plans (anonymous aggregate statistics) and reports from services (Exclusion Policy).

- Where are people experiencing homelessness temporarily housed? (i.e. in what type of accommodation and in what local area)

Types of accommodation include emergency hostels, private emergency accommodation (B&Bs) funded by the local authorities, transitional housing, long-term supported housing, etc.

Data sources: Dublin LINK, monthly/quarterly service reports by accommodation services.

- How many people are unable to source appropriate temporary accommodation and/or support services in their local area? And why?

This indicator is useful in ensuring that an appropriate level of service provision exists in each local area.

Data sources: Dublin LINK, Holistic Needs Assessment/Care Plans (anonymous aggregate statistics) and surveys of service users/outreach services.

- How many people experiencing homelessness are currently accommodated through a transitional programme or another fixed duration support/treatment programme?

Data sources: Dublin LINK, monthly/quarterly reports from services.

Housing and Housing Supports

- What are the housing and long-term support needs of homeless people in each local area?

This is the basic information that is required in order to plan for the achievement of the third strategic aim. This information will include household type, appropriate number of bedrooms (especially where occasional custody of children is involved), mobility requirements, etc.

Data sources: Dublin LINK, Holistic Needs Assessment/Care Plans (anonymous aggregate statistics), local authority Assessments of Housing Need.

- How many people experiencing homelessness have moved into long-term housing (or other appropriate accommodation)? And what type?

Data sources: Homeless Persons Unit (re rent deposits and rent supplement), local authorities, housing associations, Dublin LINK, monthly/quarterly reports from settlement services.

- How many newly homeless households (with low support needs) source appropriate accommodation within four weeks?

This indicator measures the Homeless Agency Partnership's commitment that by 2010 newly presenting households with low support needs will be housed within four weeks.

Data sources: Homeless Persons Unit (re rent deposits and rent supplement), local authorities, housing associations, Dublin LINK.

- How many people experiencing homelessness are unable to source appropriate long-term accommodation after six months?

This indicator measures the extent to which the vision of eliminating long-term homelessness has been achieved.

Data sources: Homeless Persons Unit (re rent deposits and rent supplement), local authorities, housing associations, Dublin LINK, Counted In, Holistic Needs Assessment/Care Plans.

- How many people experiencing homelessness are entitled to register on a local authority social housing list? How many have done so? And how many have homeless priority? For those people not entitled to register, why is this the case?

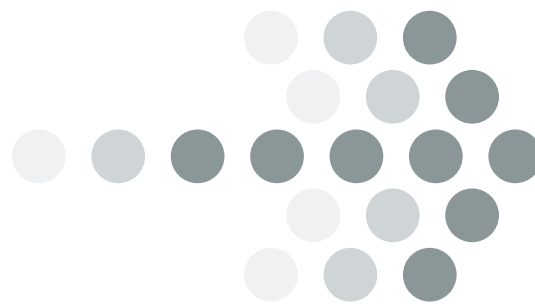
This indicator measures the extent to which social housing is available to people experiencing homelessness.

Data sources: Homeless Persons Unit (re citizenship), local authorities, Dublin LINK, Counted In.

- How many people (previously homeless) are maintained in their home through visiting support services?

This indicator is a counterpart to the prevention indicator about services that assist people to maintain their homes. This particular indicator will show the number and profile of previously homeless households who are maintained in their homes by visiting support services (as well as the proportion of the homeless population that they represent).

Data sources: Reports from visiting support services.



Appendix 1

Members of the Homeless Agency Partnership

Members of the Homeless Agency Board

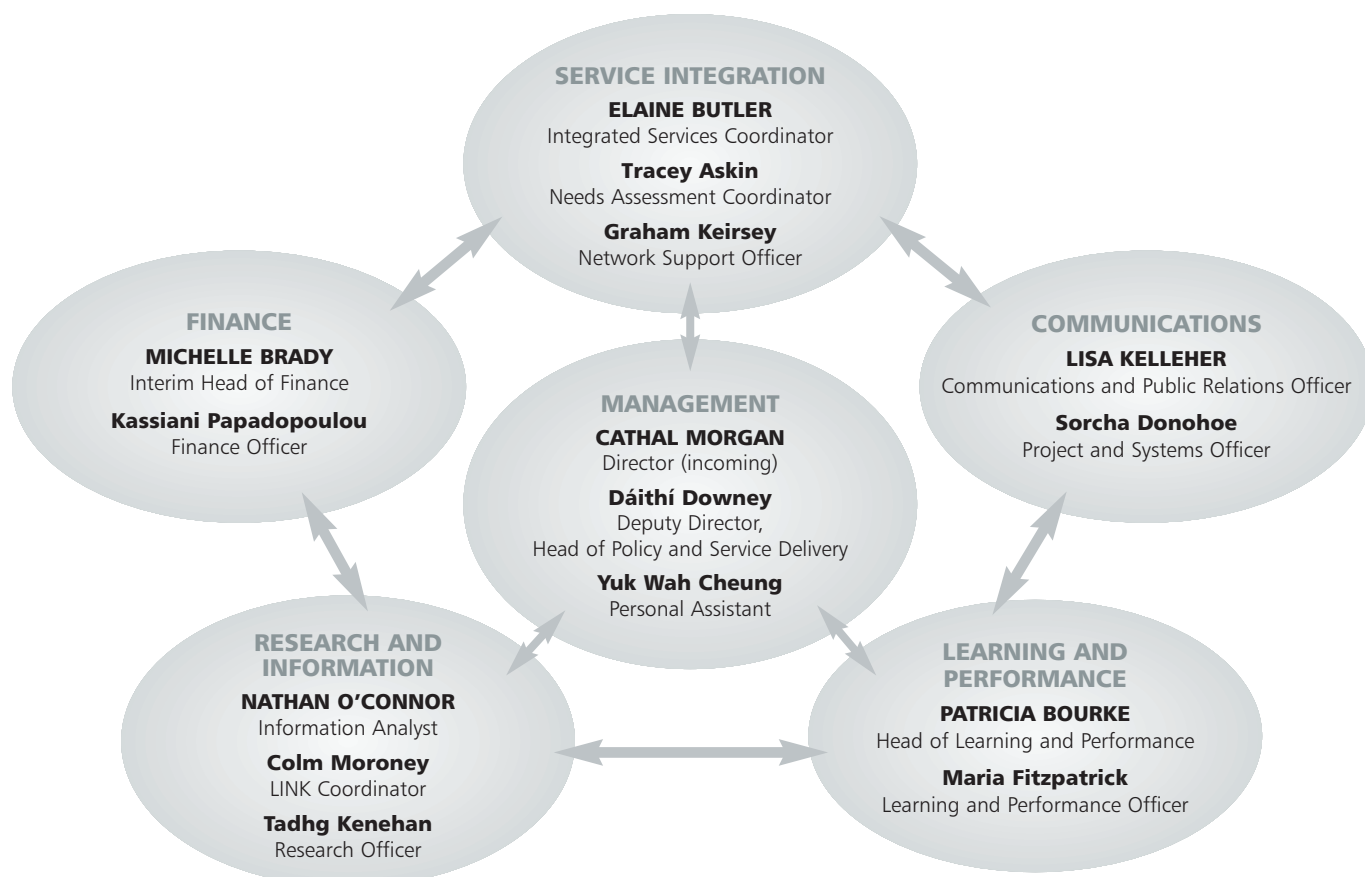
| | |
|---------------------------|---|
| Kathleen Holohan | Chair and Director of Housing, Dún Laoghaire-Rathdown County Council |
| Alan Carthy | Director of Housing, Fingal County Council |
| Pat Doherty | Homeless Network Representative (Depaul Trust) |
| Marie Dooley | Regional Manager – Risk and Resettlement, Probation Service <i>incoming</i> |
| David FitzGerald | Independent and Chair of Consultative Forum <i>incoming</i> |
| Declan Jones | Homeless Network Representative (Focus Ireland) |
| Dermot Kavanagh | Homeless Network Representative (Merchants Quay Ireland) |
| Brendan Kenny | Assistant City Manager, Dublin City Council |
| Eddie Matthews | Director Social Inclusion, Health Service Executive Dublin North East |
| Donal McManus | Executive Director, Irish Council for Social Housing |
| Alice O'Flynn | Assistant National Director Social Inclusion, Health Service Executive |
| Leonie O'Neill | Director Social Inclusion, Health Service Executive Dublin Mid Leinster |
| Philomena Poole | Director of Housing, South Dublin County Council |
| Bernadette Sproule | Adult Education Organiser, CDVEC <i>incoming</i> |
| Leonora O'Reilly | Adult Education Organiser, CDVEC <i>outgoing</i> |
| Vivian Geiran | Assistant Principal Officer, Probation Service <i>outgoing</i> |
| Sinead Hanly | Independent and Chair of Consultative Forum <i>outgoing</i> |

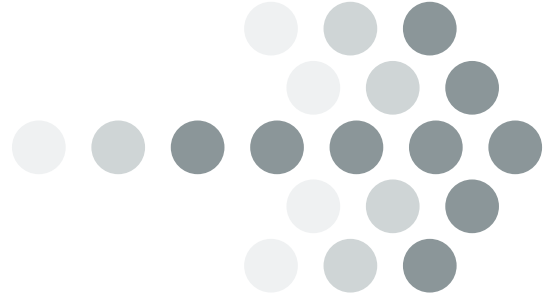
Members of the Consultative Forum

| | |
|----------------------------|---|
| David FitzGerald | Chair, Independent <i>incoming</i> |
| Orla Barry | Director of Services, Focus Ireland |
| Sister Angela Burke | Director, Vincentian Housing Partnership – Rendu Apartments |
| Patricia Cleary | Executive Director, HAIL Housing Association |
| Liz Clifford | Homeless Coordinator, Dún Laoghaire-Rathdown County Council |
| Don Comiskey | Director, AIDS Fund |
| Lisa Cuthbert | Director, PACE |
| Theresa Dolan | Assistant Director, Capuchin Day Centre |

| | |
|--------------------------|--|
| Ciaran Dunne | Executive Manager, Dublin City Council |
| Yvonne Fleming | Manager, Centrecare |
| Vincent Healy | Senior Executive Officer, Dublin City Council |
| Anne Helferty | Senior Housing Welfare Officer, Dublin City Council |
| Brendan Hynes | Homeless Coordinator, South Dublin County Council |
| Pat Jennings | Senior Probation Officer, Probation Service |
| Eamonn Martin | Joint Chief Executive, Sophia Housing Association |
| Mary Martin | Manager Social Inclusion Services, Health Service Executive |
| Joe McGloin | Superintendent Community Welfare Officer <i>incoming</i> |
| Frank Mills | Director, Social Inclusion, Health Service Executive Dublin Mid Leinster |
| Martina O'Connor | Homeless Coordinator, Fingal County Council |
| Patricia O'Connor | Director, National Drugs Strategy Team |
| Claire Schofield | Education Coordinator, CDVEC |
| Seamus Sisk | Deputy Director, Irish Prisons Service Regimes Directorate |
| Len Stroughair | Senior Employment Services Officer, FÁS <i>incoming</i> |
| Muireann Morris | Director, Sonas Housing Association <i>outgoing</i> |
| Declan O'Donoghue | Senior Employment Services Officer, FÁS <i>outgoing</i> |
| Sinead Hanly | Chair, Independent <i>outgoing</i> |
| Des Stone | Superintendent Community Welfare Officer <i>outgoing</i> |

Homeless Agency – Staff Organisation Structure





Appendix 2

Membership of the Homeless Network

- AIDS Fund
- Ana Liffey Drug Project
- Arrupe Society (Peter McVerry Trust)
- Capuchin Day Centre
- Centrecare
- Daisyhouse Housing Association
- Depaul Trust
- Dublin Simon
- Ecclesville
- Focus Ireland
- Guild of the Little Flower
- Hail Housing Association for Integrated Living
- Merchants Quay Ireland
- PACE
- Respond Housing Association
- Sonas Housing Association
- Sophia Housing Association
- Tallaght Homeless Advice Unit
- The Salvation Army
- Threshold
- Vincentian Housing Partnership (Rendu Apartments)



Appendix 3

Consultation Process

Consultations

Service Users

- Current service users
- Former service users

Government

- Cross Departmental Team on Homelessness

Homeless Agency

- Board
- Consultative Forum
- Staff

Dublin City Council

- City Manager
- Director of Housing
- Homeless Forum
- Rental Accommodation Scheme (RAS) section
- Strategic Policy Committee

Dún Laoghaire-Rathdown County Council

- County Manager
- Director of Housing
- Homeless Forum
- Strategic Policy Committee

Fingal County Council

- County Manager
- Director of Housing
- Homeless Forum
- Strategic Policy Committee

South Dublin County Council

- County Manager
- Director of Housing
- Homeless Forum
- Strategic Policy Committee

Health Service Executive

- National Director of Care (Mental Health)
- National Director of Care (Social Inclusion)
- Director of Social Inclusion (Mid-Leinster)
- Manager National Drugs Strategy
- Homeless Persons Unit
- Community Welfare Officers (Homeless Persons Unit)
- Multi-Disciplinary Team
- Mental Health (suicide)

Voluntary Sector

- Homeless Network

Other Stakeholders

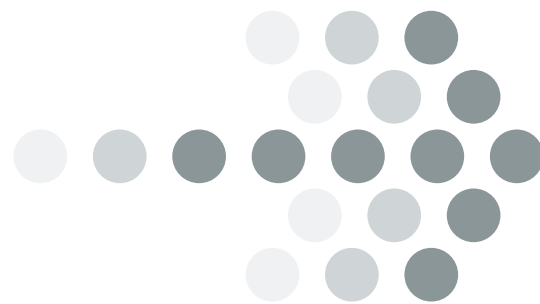
- Access Housing Unit
- An Garda Síochána
- Probation Service
- Prison Service

In addition, four Open Consultation half-day sessions were held to allow managers and frontline workers from across the sector a chance to participate directly in the development of the plan.

Written Submissions

During the consultation process, written submissions on the Action Plan were received from the following:

- Aislinn Aftercare Service/National Network of Aftercare Workers
- ATD Fourth World
- Ballymun Homeless Forum
- Ballymun Local Drugs Task Force
- Central Area Homeless Forum
- Centrecare and Emigrant Advice (Crosscare)
- Daisyhouse Housing Association
- Deirdre McLoughlin (student)
- Dublin City Tenancy Sustainment Service
- Emergency Network
- Finglas Homeless Response Network
- Focus Ireland
- HAIL Housing Association for Integrated Living
- Health Service Executive
- HIV Counsellor's Group
- Homeless Network
- Irish Commission for Prisoners Overseas
- Irish Council for Social Housing
- Irish Wheelchair Association
- National Consultative Committee on Racism and Interculturalism (NCCRI)
- National Drugs Strategy Team
- Pavee Point (Traveller Specific Drugs Initiative)
- Peter McVerry
- Programme Co-ordinator, Salvation Army
- Project Worker, Back Lane Hostel
- Respond! Housing Association
- Rialto Community Drug Team
- Social Inclusion Manager, HSE
- Sonas Housing Association Ltd
- Staff Nurse, HSE
- Threshold



Appendix 4

Timelines

| Action | Duration | 2007 | | | | 2008 | | | | 2009 | | | | 2010 | | | |
|---------------|------------|------|----------|----------|----------|----------|----------|----|----------|----------|----|----------|----|----------|----|----|----|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Core 1 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Core 2 | Continuous | → | → | R | → | → | → | → | → | → | → | R | → | → | → | → | → |
| Core 3 | Continuous | → | → | → | → | → | B | → | → | I | → | → | → | R | → | → | → |
| Core 4 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Core 5 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Core 6 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Core 7 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Core 8 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Core 9 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Core 10 | One-off | → | → | → | → | C | | | | | | | | | | | |
| Prevention 1 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Prevention 2 | One-off | → | → | C | | | | | | | | | | | | | |
| Prevention 3 | Continuous | → | → | → | B | → | → | → | → | → | → | → | → | → | → | → | → |
| Prevention 4 | One-off | → | → | R | → | → | → | → | C | | | | | | | | |
| Prevention 5 | Continuous | → | → | → | B | → | → | → | → | → | → | → | → | → | → | → | → |
| Prevention 6 | One-off | → | → | → | → | → | → | → | → | → | → | → | → | C | | | |
| Prevention 7 | One-off | → | C | | | | | | | | | | | | | | |
| Prevention 8 | Continuous | → | → | → | B | → | → | → | → | → | → | → | → | → | → | → | → |
| Prevention 9 | Continuous | → | → | B | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Prevention 10 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Prevention 11 | One-off | → | C | | | | | | | | | | | | | | |
| Prevention 12 | Continuous | → | → | → | B | → | → | → | → | → | → | → | → | → | → | → | → |
| Prevention 13 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Prevention 14 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Prevention 15 | One-off | → | → | → | C | | | | | | | | | | | | |

KEY

- C** Complete Action
- B** Finish Background Work
- I** Implement Strategy/Action
- R** Review
- Action continues after 2010

| Action | Duration | 2007 | | | | 2008 | | | | 2009 | | | | 2010 | | | |
|-------------|------------|------|----|----|----|------|----|----|----|------|----|----|----|------|----|----|----|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Services 1 | One-off | → | → | → | → | → | → | → | C | | | | | | | | |
| Services 2 | One-off | → | B | → | C | | | | | | | | | | | | |
| Services 3 | One-off | → | → | → | C | | | | | | | | | | | | |
| Services 4 | One-off | → | → | → | → | C | | | | | | | | | | | |
| Services 5 | Continuous | → | → | → | B | → | → | → | → | → | → | → | → | → | → | → | → |
| Services 6 | One-off | → | → | → | C | | | | | | | | | | | | |
| Services 7 | One-off | → | → | → | C | | | | | | | | | | | | |
| Services 8 | One-off | → | → | → | C | | | | | | | | | | | | |
| Services 9 | One-off | → | → | C | | | | | | | | | | | | | |
| Services 10 | One-off | → | → | → | C | | | | | | | | | | | | |
| Services 11 | Continuous | → | → | → | I | → | → | → | → | → | → | → | → | → | → | → | → |
| Services 12 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Services 13 | One-off | → | → | → | → | → | → | → | C | | | | | | | | |
| Services 14 | One-off | → | → | → | → | C | | | | | | | | | | | |
| Services 15 | Continuous | → | → | → | → | → | → | → | R | → | → | → | → | → | → | → | → |
| Services 16 | One-off | → | → | → | R | → | → | → | C | | | | | | | | |
| Services 17 | Continuous | → | → | B | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Services 18 | One-off | → | → | → | C | | | | | | | | | | | | |
| Services 19 | One-off | → | → | C | | | | | | | | | | | | | |
| Services 20 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Services 21 | One-off | → | → | → | → | → | → | → | C | | | | | | | | |
| Services 22 | One-off | → | C | | | | | | | | | | | | | | |
| Services 23 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Services 24 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Services 25 | Continuous | → | B | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Services 26 | Continuous | → | → | → | I | → | → | → | → | → | → | → | → | → | → | → | → |
| Services 27 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Services 28 | One-off | → | → | → | → | → | → | → | C | | | | | | | | |
| Services 29 | One-off | → | → | C | | | | | | | | | | | | | |
| Services 30 | Continuous | → | → | → | B | → | → | → | → | → | → | → | → | → | → | → | → |
| Services 31 | One-off | → | C | | | | | | | | | | | | | | |
| Services 32 | One-off | → | → | → | → | → | → | → | C | | | | | | | | |
| Services 33 | Continuous | → | → | → | B | → | → | → | → | → | → | → | → | → | → | → | → |
| Services 34 | One-off | → | → | → | → | → | → | → | C | | | | | | | | |

| Action | Duration | 2007 | | | | 2008 | | | | 2009 | | | | 2010 | | | |
|-------------|------------|------|----------|----|----------|----------|----|----|----|------|----|----|----------|------|----|----|----|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Services 35 | One-off | → | → | → | C | | | | | | | | | | | | |
| Services 36 | Continuous | → | → | → | B | → | → | → | → | → | → | → | → | → | → | → | → |
| Services 37 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Services 38 | One-off | → | C | | | | | | | | | | | | | | |
| Services 39 | Continuous | → | → | → | → | B | → | → | → | → | → | → | → | → | → | → | → |
| Services 40 | One-off | → | → | → | → | C | | | | | | | | | | | |
| Services 41 | One-off | → | → | → | → | C | | | | | | | | | | | |
| Services 42 | One-off | → | C | | | | | | | | | | | | | | |
| Services 43 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Services 44 | One-off | → | → | → | → | → | → | → | → | → | → | → | C | | | | |
| Services 45 | One-off | → | → | → | → | → | → | → | → | → | → | → | C | | | | |
| Services 46 | One-off | → | → | → | → | C | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Housing 1 | One-off | → | → | → | C | | | | | | | | | | | | |
| Housing 2 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Housing 3 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Housing 4 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Housing 5 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Housing 6 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Housing 7 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Housing 8 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Housing 9 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Housing 10 | One-off | → | C | | | | | | | | | | | | | | |
| Housing 11 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |
| Housing 12 | One-off | → | → | → | → | → | → | → | → | → | → | → | C | | | | |
| Housing 13 | Continuous | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → | → |



Bibliography

- A Clearer Future: New funding arrangements for homeless services in Dublin, September 2003, Homeless Agency
- A Longitudinal Cohort Study of Youth Homelessness in Dublin City, Children's Research Centre, Trinity College Dublin
- A Vision for a Recovery Model in Irish Mental Health Services (discussion paper), 2006, Mental Health Commission
- A Vision for Change: Report of the expert group on mental health policy, 2006, Department of Health and Children
- Anti-Social Behaviour – Policy and Practice, October 2003, The Homeless Agency
- Away From Home and Homeless: Quantification and profile of EU10 nationals using homeless services and recommendations to address their needs, January 2006, TSA Consultancy for the Homeless Agency
- Building on Our Vision: FÁS Statement of Strategy 2006–2009, FÁS (www.fas.ie/strategy.html)
- Care and Case Management: Assessment of the Homeless Agency's Model, February 2006, Anne Eustace and Ann Clarke
- Counted In, 2005, May 2006, The Homeless Agency
- Couples and Families in B&Bs, February 2006, Access Housing Unit
- Evaluation of the Rough Sleepers Case Management Pilot Project, February 2006, Colm Dunne
- Exploring Complexity and Power – Service User Involvement in the Homeless Sector, January 2006, Liz Lennon
- Homeless Preventative Strategy, February 2002, Departments of Health & Children, Education & Science and The Environment & Local Government
- Homeless Directory 2007–2008, December 2006, The Homeless Agency

Homelessness – An Integrated Strategy, 2000, Department of Environment, Heritage and Local Government

Housing in Ireland: Performance and Policy, 2004, National Economic and Social Council (NESC)

Housing Policy and Practice for Women Experiencing Domestic Violence, March 2006, Monica O'Connor

Into the Gaff, 2006, Probation Service

National Development Plan 2000–2006, 1999, Department of Finance

Planning for Children – Improving access to services for children in private emergency accommodation in Dublin, February 2006, Joan O'Flynn and Liz Chaloner

Planning for the Future, 1984, Department of Health

Preventing Homelessness: A Comprehensive Preventative Strategy to Prevent Homelessness in Dublin, 2005–2010, February 2006, Dr Jane Pillinger

Review of Abbey Street Emergency Accommodation and the Dublin Simon Womens Support Service, June 2006, Liz Lennon

Review of Food and Food Centres, February 2006, John Weafer

Review of Funding, February 2006, Aspect One

Review of Participation Structures, February 2006, Roger Courtney

Review of Temporary Accommodation, February 2005, Roger Courtney

Review of the Implementation of the Government's Integrated and Preventative Homeless Strategies, February 2006, Report submitted by Fitzpatrick Associates Economic Consultants to the Minister for Housing and Urban Renewal

ROSIE Findings 1: Summary of 1-year outcomes, 2006, National Advisory Committee on Drugs

Youth Homelessness Strategy, January 2001, Department of Health and Children

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